

Virtual Alberta Aphasia Camp 2020 – Camper Registration Form

When September 18 - 20, 2020

- Friday, Sept 18: 7:00 - 8:30 PM
- Saturday, Sept 19: 9:00 AM - 12:00 PM
- Sunday, Sept 20: 9:00 AM - 12:00 PM

Contact: Andrea Ruelling, SLP (Alberta Aphasia Camp Director)
ruelling@ualberta.ca / 780-492-1549 (daytime phone)

Who Open to all people with aphasia and their family members

Cost: \$30.00 (includes cost of camper kit)

Registration deadline: July 24, 2020

Technology: To participate in our virtual Alberta Aphasia Camp 2020, you will need to use the software **Zoom**.

You can **download Zoom for free** on your computer, phone or tablet.

Are you **familiar with Zoom**? yes ✓ no ✗

- If **no**, simple **Zoom download instructions** will be sent to you.
- In addition, would you like **1 on 1 virtual** training on how to use Zoom before the scheduled camp? yes ✓ no ✗
(If yes, **we will contact you** to set this up closer to camp)

When using **Zoom**, it is best for your **internet to be hardwired**, or to be **connected to WIFI**. Do not use Zoom with a data plan as you may go over your limit.

I have read and understood the technology requirements.

CAMPER INFORMATION & CURRENT MAILING ADDRESS

* A camper kit will be sent to you **1 week before camp**

| | | | |
|------------|----------------|-------------|----------------|
| Last Name: | | First Name: | |
| Address: | | City: | Postal Code: |
| Telephone: | Email Address: | | Date of Birth: |

T-shirt Size: Adult: S M L XL XXL XXXL

Will you have a person helping you with the technology who is **not** also a registered camper?

yes ✓ no ✗

- If **yes**, a T-shirt can be purchased for the price of \$10 for someone helping you with technology. The t-shirt will be sent to the same address as the camper.

● **T-shirt Size for helper:** Adult: S M L XL XXL XXXL

Have you attended Alberta Aphasia Camp before?: yes ✓ no ✗

The most recent year you attended?: _____

Are you attending virtual camp with someone?: yes ✓ no ✗

If yes, name(s): _____

If new to camp, how did you hear about camp?:

SLP Other Professionals (e.g., OT, SW, etc.)

Family / Friend Media





A registration form is required for each camper attending. Please indicate if you are a:

Person with Aphasia

Friend/Family of the PWA

Please fill out the following section if you are a **Person with Aphasia**.





WHAT CAUSED YOUR APHASIA? (please check)

| | | | |
|--|---|---|---|
|  <input type="checkbox"/> Stroke |  <input type="checkbox"/> Progressive disorder (e.g., Primary Progressive Aphasia) |  <input type="checkbox"/> Brain Injury |  <input type="checkbox"/> Other |
|--|---|---|---|

What **year** did this occur / begin?

COMMUNICATION

I have **difficulty** with:

| type | rarely | sometimes | all the time |
|--|--------|-----------|--------------|
|  <input type="checkbox"/> understanding | | | |
|  <input type="checkbox"/> talking | | | |
|  <input type="checkbox"/> reading | | | |
|  <input type="checkbox"/> writing | | | |

My verbal expression (**talking**) is limited to:

- non-verbal
 single words
 phrases
 sentences

I have been **diagnosed** with:

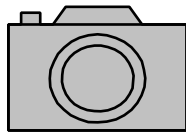
- Aphasia
 Apraxia of Speech
 Dysarthria
 Other _____
 I am unsure of my diagnosis

AUTHORIZATION FOR PUBLICITY RELEASE

During virtual Alberta Aphasia Camp, **your photograph, video or audiovisual may be taken** by employees or agents or authorized media (newspapers/radio/tv) to make, use, edit, and publish photographs, videotapes, or other audiovisual records of you for the intended purpose or publicity or public relations or educational purposes

I, _____, give/do not give permission to the Alberta Aphasia Camp, University of Alberta (2-70 Corbett Hall, Edmonton, Alberta) and March of Dimes Canada to include me in:

PHOTOGRAPHS:



yes ✓ no ✗

RECORDING:



yes ✓ no ✗

I understand that my **picture** may be used to:

- Improve public awareness about Aphasia, Alberta Aphasia Camp, University of Alberta clinic, and March of Dimes Canada via radio, TV, newspaper, brochures, social media, etc.
- **Help with fundraising** campaigns or marketing for the Alberta Aphasia Camp;
- **Teaching** staff, volunteers, students and other interested persons about aphasia.

By typing your name here, you give consent: _____

I understand that my **consent is voluntary** and will not affect my ability to attend camp.

PERSONAL INFORMATION – PRIVACY STATEMENT RELEASE

Personal information PRIVACY STATEMENT for Aphasia Camp

There are **laws and regulations** that require us to **collect personal information** in connection with the Alberta Aphasia Camp.

Alberta Aphasia Camp, March of Dimes Canada and the University of Alberta collect and **use your personal information for the following purposes**;

- i) Processing your application
- ii) Contacting you about your application
- iii) Getting your feedback about Aphasia camp
- iv) Providing you information about March of Dimes Canada
- v) Providing you information about programs related to Aphasia

We will **not use** your personal information for any purposes other than those listed above.

The **personal information** collected about you includes

- Information in your application
- Additional or updated information which we may collect from you in the future.

By **typing your name here**, you acknowledge that you have read the Privacy Release consent:

Payment Information

Cost: \$30 per person (includes camper t-shirt)

Please remember to **add \$10 for the T-shirt** if you have requested one **for someone who is not registering for camp, but will be helping you with technology.**



Cheque:

Please **enclose cheques** (payable to *March of Dimes Canada*). Cheques will only be deposited **two weeks prior** to camp (September 4, 2020).



Credit Card:

If paying by credit card a staff from March of Dimes Canada will **call you** to discuss payment **two weeks prior** (September 4, 2020) to camp. Do not include credit card information on the registration form.

Cancellation: Virtual Camp is **refundable** until **two weeks prior to camp** (September 4, 2020).

Mail, Fax or Email your registration form to (and send cheques to):

Kim Smith
March of Dimes Canada
3639 26 Street NE,
Calgary, AB
T1Y 5E1
Email: kasmith@marchofdimes.ca
Fax: 403-263-8954

Questions?

Check out our website: uab.ca/AphasiaCamp

Contact Andrea Ruelling, SLP (Alberta Aphasia Camp Director)
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