

34TH ANNUAL

IDAHO YOUTH ADAPTIVE SPORTS CAMP

JUNE 22-25, 2022



The Idaho Youth Adaptive Sports Camp is offered to youth and teens who have a physical disability that limits their mobility. Young athletes who use a wheelchair, walker, AFO braces, prosthesis, crutches or have balance difficulties are welcome to attend.

Camp sports include wheelchair basketball, wheelchair tennis, handcycling, swimming and more!

Previous adaptive sports experience is not needed. Camp takes place at Fort Boise Community Center in Boise, Idaho. Lunch is provided each day as well as a camp T-shirt.

Cost: \$68 - Late fee applies after May 27. Scholarships available!

To Register: Call 208-608-7680. Activity #400805-01.

CAMP TIMES

- WEDNESDAY, JUNE 22
9 AM - 3:30 PM
- THURSDAY, JUNE 23
9 AM - 3:30 PM
- FRIDAY, JUNE 24
9 AM - 8:30 PM
- SATURDAY, JUNE 25
9 AM - 1 PM

LEARN MORE

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PARKS AND
RECREATION

CITYOFBOISE.ORG/ADAPTIVE-RECREATION



IDAHO YOUTH ADAPTIVE SPORTS CAMP

34th Annual Idaho Youth Adaptive Sports Camp June 22-25, 2022

Dear Athletes and Parents,

We're so excited to have this camp back!!! This year the Idaho Youth Adaptive Sports Camp will take place June 22-25 at Fort Boise Community Center in Boise, Idaho and is available to all youth and teens age 6-19 years with a physical disability that affect their mobility (i.e. Spina Bifida, Cerebral Palsy, MD, neuromuscular, orthopedic, etc.). Youth who use a wheelchair, walker, crutches, prosthesis, leg braces or other apparatus are welcome to attend. All athletes need to be able to propel their mobility device independently.

Since 1988, the IYASC has provided hundreds of youth a sports camp experience! Youth athletes do not need to have past sports experience to participate. Emphasis is directed towards introduction, training and individual/team sports.

Athletes will participate in morning and afternoon training sessions taught by adult athletes who use a wheelchair or prosthetic device who have taught or participated in sporting events regionally or nationally. All athletes will be paired with a camp volunteer who will assist as needed. Nursing services will not be available this year, but families are welcome to meet up with us during the camp to provide personal care.

We have begun planning the daily schedule and we can guarantee you four days of fun, friendly competition and an unforgettable experience. We will offer wheelchair basketball, adapted cycling, wheelchair tennis, canoeing and more! Also, during the 'athlete choice' on Friday, June 24, athletes can choose to do wheelchair tennis, cycling on the Greenbelt, adaptive climbing led by Boise State University or aquatic session with a certified instructor from AquAbility/YMCA.

Please fill out the attached registration form and return it along with the registration fee of \$68 (or call 208-608-7680 to pay over-the-phone) by May 27 to 700 Robbins Road Boise, ID 83702. If finances are difficult, **scholarship assistance is available** to those who qualify. A \$15 late fee will be applied to any application received after May 27. If you have any questions, please don't hesitate to call or e-mail me.

Sincerely,

Emily Kovarik

Emily Kovarik, C.T.R.S.
Boise Parks and Recreation
208-608-7687
ekovarik@cityofboise.org

Mission Statement

The Idaho Youth Adaptive Sports Camp is dedicated to promoting the value of health and wellness through sports and recreation. Camp instills positive attitudes, increased independence, sportsmanship and lifetime recreational skills for youth of all abilities.

This camp is a partnership between The Idaho Elks Rehabilitation Hospital and Boise Parks & Recreation Department



PARKS AND RECREATION

Registration fee of \$68 is due by May 27, 2022.

Idaho Youth Adaptive Sports Camp REGISTRATION FORM



PARKS AND RECREATION

Camp Eligibility:

This camp is designed for youth age 6-19 whose primary disability is a physical disability which affects their mobility. All athletes attending need to be able to propel their mobility device (i.e. manual wheelchair, power wheelchair, walker, etc.) independently and be able to follow multi-step directions.

REGISTRATION FEE

Registration is limited to 30 athletes on a first-come, first-serve basis.

A fee of \$68 is due with this completed Registration Form by May 27. After May 27, the price increases to \$83. Please make checks payable to City of Boise. Financial Assistance info is on page 3. Please e-mail this form to ekovarik@cityofboise.org or mail to Emily Kovarik 700 Robbins Road Boise, ID 83702

GENERAL INFORMATION *(Please Print)*

Athlete's Name: _____

Birth Date: _____ Age: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ 2nd Phone: _____

E-mail: _____

Athlete's School: _____

Athlete's Main Interests: _____

In case of an emergency during clinic hours, and we can't reach anyone above, whom should we call?

Emergency Contact Name & Phone: _____

T-SHIRT SIZE

Youth:

Small Med Large

Adult:

Small Med Large XL XXL

MOBILITY INFORMATION

Athlete's best method of mobility:

Manual wheelchair Power wheelchair Walks w/ device *(please circle device):* Cane, Walker, AFO, Crutches Walks with no device Other _____

Does the athlete use their mobility equipment independently (see above)? Yes No

Does the athlete require assistance with transferring? Yes No

If yes, please explain: _____

MEDICAL INFORMATION

Diagnosis (list all) and date of onset: _____

Spinal Cord Injury – Level _____ Muscular Dystrophy Cerebral Palsy Spina Bifida

Other: _____

Can the athlete tolerate a full day's worth of activities (including being outdoors) during clinic? Yes No

MEDICATION:

Will the athlete be taking any medication during clinic? No Yes

If so, is the athlete independent in taking medications during the clinic? No Yes

If not, please describe what assistance is needed: _____

HEALTHCARE INFORMATION: (For any box that is checked 'Yes' please explain in detail)

Seizures No Yes If yes, please describe type, frequency, and any information that we should know: _____

Allergies No Yes If yes, please list *all* allergies (i.e. latex, food allergies, bees, etc.) _____

Heart Disease No Yes _____

Respiratory Issues No Yes _____

Heat Exhaustion No Yes _____

Diabetes No Yes _____

Skin Problems No Yes _____

Other Health Concerns that we should be aware of? _____

DIETARY INFORMATION:

Are there any issues with food that we need to be aware of? No Yes

If yes, please explain: _____

Is it okay for the athlete to consume caffeinated beverages? No Yes

SAFETY INFORMATION

Will stay with the group? Yes No _____

Will the athlete be bringing an attendant? No Yes (all attendants must be at least 18 years old)

If so, name of attendant: _____ Phone Number: _____

Are there any behavioral/personality concerns that we need to be aware of? No Yes

If yes, please explain: _____

Please indicate anything else that we need to be aware of or that may be helpful for staff: _____

SELF CARE INFORMATION

Is the athlete independent in restroom needs?

- Yes - the athlete knows and uses the restroom when needed, they are independent with hygiene supplies and transfers, does not need supervision or even minimal assistance.
- No – Due to nursing shortages, we will not be able to help with self-care needs this year. If your athlete requires assistance with self-care, you are more than welcome to meet up with us during the camp so that you can provide the assistance.

Parental Concerns/Recommendations: _____

TRANSPORTATION TO AND FROM CAMP

Who will be transporting the athlete to and from camp each day? (i.e. self, ACCESS Van, Taxi, Parents, etc.)

COMMUNICATION/BEHAVIOR INFORMATION

Does the athlete have any special communication needs or devices they will be using? If so, please explain:

Please list any concerns regarding behavior management: _____

ATHLETE CHOICE FOR FRIDAY, JUNE 24

During the afternoon of Friday, June 24, we will be at Julia Davis Park. All athletes will have a choice of one activity they would like to participate in. Please indicate which activity they would like to do and we will do our best to accommodate their choice. We understand people may change their mind, but this will give us an estimate.

Please rate in order from 1-4 (with 1 being the one you want to do the most and 4 meaning not interested)

- ___ Cycling along the Greenbelt
- ___ Wheelchair Tennis
- ___ Rock Climbing at Boise State's Recreation Center (accessible equipment)
- ___ Swimming

FINANCIAL ASSISTANCE

Parents, if you feel you cannot send your child to the clinic because of financial reasons, we can help!

Please mail me a scholarship application

AUTHORIZATION FOR TRANSPORTATION DURING CAMP

I, _____, authorize BOISE PARKS AND RECREATION DEPARTMENT to provide transportation in a public vehicle for my child, _____, for the purpose of field trips.

Parent/Legal Guardian Signature: _____ Date: _____

AUTHORIZATION FOR MEDICATION

No medicines or drugs will be distributed to any child except with written permission from the parent/guardian. If your child will need to take medication during a Boise Park and Recreation program, additional forms must be filled out, including the 'Participant Medication Information' sheet. I understand that if assistance is needed in administering a medication, such as epinephrine, I assume all risks associated with the administration of the device and understand that Boise Park and Recreation personally have not received medical training.

- My child **WILL** take medication during the program
 My child will **NOT** need to take medication during the program.

Parent/Legal Guardian Signature: _____ Date: _____

AUTHORIZATION FOR MEDICAL EMERGENCIES

I, _____, authorize BOISE PARKS AND RECREATION DEPARTMENT to secure emergency medical/surgical care from a licensed physician and/or hospital for my child, _____, should such care be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken, and I agree that the expense of such emergency care will be accepted by me.

Parent/Legal Guardian Signature: _____ Date: _____

LIABILITY RELEASE

I understand and acknowledge that my child/ward will be participating in the Idaho Youth Adaptive Sports Camp (IYASC) sponsored by Boise Parks and Recreation Dept. I understand and acknowledge that my child/ward will be participating and engaging in athletic and athletic-type events while participating in the IYASC and I understand that there is the possibility of personal injury and/or property damage. If I have a question pertaining to any physical condition, I will seek medical advice prior to participation. I understand that the City of Boise does not provide any medical, life or disability insurance for any participant. I understand that the City of Boise reserved the right to restrict participation in any activity to ensure the safety of the activity for all participants.

I will not (nor will my heirs or assigns) hold the City of Boise, or any employee, volunteer, or other agent thereof, liable for any claims, damages, injuries, death or property loss that arise from my child's participation in this program. I agree to release, indemnify and hold harmless the City of Boise, or any employee, volunteer or agent thereof, from any such claim. I give consent to use any photographs or videotape taken of my child/ward in future promotional or marketing materials.

Parent/Legal Guardian Signature: _____ Date: _____

Please call Emily Kovarik with any questions, (208) 608-7687 or e-mail ekovarik@cityofboise.org.