

PLEASE JOIN US FOR THE 32ND ANNUAL

Idaho Youth Adaptive Sports Camp

June 19-22, 2019



The Idaho Youth Adaptive Sports Camp is offered to youth and teens age 6-19 who have a physical disability that limits mobility. Young athletes with physical disabilities who use a wheelchair, AFO braces, walker or crutches are welcome to attend!

FOR CAMP REGISTRATION OR VOLUNTEER INFORMATION CONTACT:

Emily Kovarik, Boise Parks and Recreation
(208) 608-7687 TDD/TTY 800-377-3529
ekovarik@cityofboise.org
700 Robbins Rd., Boise, ID 83702

parks.cityofboise.org/AdaptiveSportsCamp

SPONSORED BY:



PARKS AND
RECREATION

Idaho Youth Adaptive Sports Camp

June 19-22, 2019



This camp is offered to youth athletes with physical disabilities who use a wheelchair or could use a wheelchair to participate in sports. The athletes work with coaches who are wheelchair sport athletes themselves.

Each athlete will be paired with a volunteer who will help support and cheer as needed. Volunteers need to be age 16 or older.

Camp takes place at Fort Boise Community Center in Boise, Idaho.

CAMP SPORTS AND ACTIVITIES INCLUDE:

- Wheelchair basketball
- Canoeing/kayaking
- Handcycling
- Wheelchair tennis
- Archery
- Wheelchair rugby
- Swimming
- And more!

Join us
for a
camp
full of
fun and
excite-
ment.

Wednesday, June 19, 9 a.m.-3 p.m.

Learning and playing a variety of team sports.

Thursday, June 20, 9 a.m.-3 p.m.

Learning and playing a variety of team sports.

Friday, June 21, 9 a.m.-9 p.m.

Canoeing/kayaking or fishing in the morning, activities at Boise State University in the afternoon, then the infamous Mystery Field Trip after dinner.

Saturday, June 22 9 a.m.-1 p.m.

Family day then barbeque and award ceremony.



IDAHO YOUTH ADAPTIVE SPORTS CAMP

You're Invited to the 32nd Anniversary of the Idaho Youth Adaptive Sports Camp June 19-22, 2019

Information:

This packet is to personally invite your child to the *32nd Annual Idaho Youth Adaptive Sports Camp* (IYASC) which will take place June 19-22 at Fort Boise Community Center in Boise, Idaho. Camp 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 conditions, etc.). Youth who use a wheelchair, walker, crutches, leg braces or other apparatus are welcome to attend. All athletes need to be able to propel their mobility device independently.

Camp has been teaching youth about wheelchair athletics since 1988! Youth athletes do not need to have past sports experience to participate. 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 are also available on a limited basis. Parents, if your athlete has a high degree of need, we ask that a family member or care provider be available to provide personal and medical needs.

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, bowling, tennis, track and field and more!

Sponsored by:

Boise Parks and Recreation and St. Luke's Rehabilitation, plus numerous local sponsors and donors.

Cost:

Please fill out the attached registration form and return it along with the registration fee of \$65 by May 24 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 24.

Questions:

- Boise Parks and Recreation: Emily Kovarik at 208-608-7687 or e-mail ekovarik@cityofboise.org
- St. Luke's Rehabilitation: Christine Walsh at 208-489-4444 or 208-830-4058 or e-mail walshch@slhs.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 is due by May 24, 2019 After May 24, the fee will increase to \$80.



Idaho Youth Adaptive Sports Camp REGISTRATION FORM



Camp Eligibility:

All athletes attending this camp 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 \$65 is due with this completed Registration Form by May 24, 2019, after May 24th, the fee will increase to \$80. Please make checks payable to City of Boise.

Financial Assistance info is on page 4. No registrations will be accepted after June 3, 2019.

GENERAL INFORMATION *(Please Print)*

Athlete's Name: _____

Birth Date: _____ Age: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Athlete's School: _____

Athlete's Main Interests: _____

How did you hear about camp? _____

In case of an emergency during camp hours, whom should we call?

Emergency Contact Name(s): _____

Emergency Contact Phone Numbers: _____

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 camp? Yes No

MEDICATION:

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

If so, is the athlete independent in taking medications during camp? 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: _____

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.)

** You are responsible for securing your own transportation to and from camp each day*

SELF CARE INFORMATION

Is the athlete independent in restroom needs?

- Yes (this means the athlete knows and uses the restroom when needed, they are independent with hygiene supplies, does not need supervision or even minimal assistance)
- No

If the athlete is not completely independent, please mark the appropriate box:

Athlete uses a catheter and will require nursing assistance.* Please describe how much assistance is needed

Athlete wears pull-ups. Please explain in detail how we may assist with the process _____

Athlete needs to be transferred to the toilet. Please explain in detail how we may assist with the process _____

Other, please describe how we may assist _____

Parental Concerns/Recommendations: _____

****All toileting materials must be provided by the athlete (i.e. catheter, latex free gloves, pull-ups, etc.).**

****If a high degree of personal care is needed (i.e. toileting, feeding, special diet, etc.) it must be provided by the family. Personal aides are not available to provide this assistance.**

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: _____

MEDICAL RELEASE

In case of emergency or an accident to _____, I hereby authorize a
(Athlete's name)
representative of the Idaho Youth Adaptive Sports Camp to administer medical assistance or make decisions concerning medical assistance.

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 the St Luke's Rehabilitation and Boise Parks & 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. Based upon my knowledge and understanding, and in consideration of the opportunity to participate in the IYASC, I hereby release and hold harmless the St Luke's Rehabilitation, Boise Parks & Recreation Department, and their employees, volunteers, heirs and successors from any and all liability and damages that arise from or is in any way connected with the activities and events of the IYASC. 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: _____

Relationship to Athlete: _____

FINANCIAL ASSISTANCE

Parents, if you feel you cannot send your child to camp because of financial reasons, we can help! Please check the following box and we will mail you a scholarship form. You will not need to send money at this time as we will let you know what your reduced cost is. You may wish to download a form at parks.cityofboise.org/scholarships and mail that in instead. **Please plan ahead as we cannot give scholarships after May 24.**

Please mail me a scholarship application

**Parents: Every precaution is taken for your child's protection. Please make sure ALL information is provided.
Athletes with incomplete forms cannot be registered.
Please help us have a SAFE and FUN camp.**

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