



CLV Youth Services  
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## Community Living Victoria Family Fun Nights Spring 2022 – Registration form

CLV Youth Services presents a fun and engaging program focused on physical literacy for youth, ages 6 to 18, with all nature of disabilities and their families, through running, jumping, throwing, dribbling, and catching. Families will participate in facilitated games and have free time with equipment. Each week, there are spots reserved for 10 youth with disabilities, plus up to 15 guests. Each participant may bring one or two family members or friends to participate in the games and activities with them. At least one adult must attend and will assume legal responsibility for all youth attending in their group.

This program provides:

- ✓ Two Inclusion Facilitators from CLV
- ✓ Games and activities that encourage participation
- ✓ A fun and open space to “play” as a family
- ✓ A great way for siblings to interact and to include parents and extended family members in the fun!

**Location:** Tillicum Elementary School gym, 3155 Albina Street, Victoria, V9A 1Z6

**Dates:** Thursday evenings, April 28 to June 16, 2022

**Time:** 7:00 to 8:00 p.m.

**Fee:** No charge (FREE!)

Although this is a no-cost activity, registration is required and will be confirmed on a first-come, first-served basis.

**CoViD-19 note:** We will be adhering strictly to current public health orders concerning gatherings and safety protocols in our programs. Group size and activities will be modified as needed and all participants will be monitored for maintaining distance, the wearing of masks as appropriate, cough and sneeze etiquette and regular hand-washing. During the program, if anyone in a family is experiencing [symptoms of COVID-19](#), we expect the family to stay home and use the [BC self-assessment tool](#).

**Please complete page 2 of this form.**

**Please complete:**

<b>Name of child/youth (first and last name):</b> _____ <b>Date of birth (d/m/y):</b> _____ <b>Address:</b> _____ _____ <b>CareCard number:</b> _____	<b>Amount of support normally provided:</b> <input type="checkbox"/> EA hours: _____ <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Shared <input type="checkbox"/> Resource room <input type="checkbox"/> Behaviour Plan in place <input type="checkbox"/> OT / <input type="checkbox"/> PT / <input type="checkbox"/> SLP Hours _____ <input type="checkbox"/> Assistive technology devices used: _____
<b>Parent/Guardian/Contact 1:</b> <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Address:</b> ( <input type="checkbox"/> Same as child) _____ <b>Email address:</b> _____ <b>Home phone:</b> ( _____ ) _____ <b>Cell phone:</b> ( _____ ) _____ <b>Work phone:</b> ( _____ ) _____	<b>Parent/Guardian/Contact 2:</b> <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Address:</b> ( <input type="checkbox"/> Same as Contact 1) ( <input type="checkbox"/> Same as Child) _____ <b>Email address:</b> ( <input type="checkbox"/> Same as Contact 1) _____ <b>Home phone:</b> ( <input type="checkbox"/> Same as Contact 1) ( _____ ) _____ <b>Cell phone:</b> ( _____ ) _____ <b>Work phone:</b> ( _____ ) _____
For routine communication, CLV will use email. Please direct email to: <input type="checkbox"/> Both contacts <input type="checkbox"/> Contact 1 only <input type="checkbox"/> Contact 2 only Alternatively, please communicate with: <input type="checkbox"/> Contact 1 by: <input type="checkbox"/> Contact 2 by: <input type="checkbox"/> Home phone <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Text	Please describe any behavioural, health, dietary, or medical issues of which the CLV leaders should know at a glance: _____ _____ _____

**Emergency contact (☐ Contact 1 ☐ Contact 2 and/or below):**

<b>Name and relationship:</b> _____	<b>Home phone:</b> _____	<b>Cell phone:</b> _____
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***By signing below, I recognize and acknowledge that:***

- CLV inclusion facilitators have current Criminal Record Checks and their respective organizations have done thorough reference checks;
- I have documented, on this form, my child's behaviours that could present a risk of harm to my child or others. I acknowledge that CLV has the right to refuse service at any time if the program leaders determine that the service is not appropriate for the child, or presents a risk of harm to the child or others;
- The program may be cancelled if an insufficient number of registrants is received.
- Registration cannot be confirmed without this form being completed and processed at CLV.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date signed**

For more information, please contact Rachel Knoop, Program Coordinator  
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