



# Retreat Yourself 2012

**YACC Office Use Only:**

<input type="checkbox"/> Registered	<input type="checkbox"/> E.Group
<input type="checkbox"/> S/Sheet	<input type="checkbox"/> TAss
<input type="checkbox"/> Confir. E.	<input type="checkbox"/> Supp.App.
<input type="checkbox"/> Bio	

## SUPPORTER APPLICATION FORM

*\*\*\*Any information included in this form is strictly confidential and will only be read by Young Adult Cancer Canada (YACC) staff members directly involved in organizing the retreat\*\*\**

**Please make sure the form is filled in a legible way, Thank you**

### **APPLYING FOR WHICH PROGRAM:**

RY West (Alberta May 3-7<sup>th</sup> 2012)  or RY East (Nova Scotia July 19-23<sup>rd</sup> 2012)

### **PERSONAL INFORMATION:**

Full Name: Age: Sex: Date of Birth (MM/DD/YY):

Street Address: City: Province: Postal Code:

Home Phone: Cell Phone: E-mail:

Health Care # with version code, province and expiry:

What is the name of the survivor you are supporting?

### **EMERGENCY CONTACT INFORMATION**

Name of contact: Relationship:

Home Phone: Work Phone: Other:

*To help us better prepare for the weekend and to ensure you have an amazing time, please complete the following information.*

### **MEDICAL INFORMATION**

Are you currently being treated for any other health concerns or medical conditions (i.e. Seizures, Diabetes, Asthma, panic attacks, depression, pregnancy, etc.)?

Do you have anaphylactic reactions? YES / NO

If YES please specify:

Please list all current medications you are taking:

<u>Medication</u>	<u>Prescribed for</u>	<u>Dose/times/day</u>	<u>Start date</u>

*Note: all medications brought to the retreat must be in their original containers-*

Please indicate if you need a wheelchair/cane to move around? Can you use stairs?

**Nutrition:** Please indicate any dietary restrictions: check all that apply:

Vegan (no dairy or meat of any kind)   
 Modified vegetarian (will eat fish)   
 Lactose intolerant   
 No wheat   
 Other: \_\_\_\_\_

Vegetarian (no meat, all dairy)   
 No red meat (will eat chicken or fish)   
 No pork   
 Celiac or no gluten

Allergy	Yes	No	Unknown	Anaphylactic	Please specify allergen and provide information about reaction and treatment required
Medications					
Food					
Latex					
Insect bites					
Dust/pollen					
Other					

**\*\*Please make sure to put enough details i.e. do you have an EpiPen? For allergies like peanuts or seafood, can you be in the same room; can they be cooked and served in the same room as you?**

**Please remember that all participants with a known anaphylactic allergy are expected to bring an EpiPen to the retreat.**

Any medication allergies? YES / NO Which one?  
 Reaction and treatment required:

Date of last Tetanus Injection (should be given every 10 years):

---

### **ADDITIONAL INFO**

Have you attended similar retreats in the past? YES / NO  
 If yes, camp name/location:

Will the cost of travel prohibit you from attending Retreat Yourself 2012? YES  NO

*\*NOTE: If you are unable to attend the retreat because of financial constraints, please discuss this with us. Young Adult Cancer Canada has travel assistance available which is based on address of residence, need as well as on a first come first served basis. This year, we have Retreat Yourself East and Retreat Yourself West. Those living in Ontario and East will have priority on the Travel Assistance East and those living in Manitoba and West will have priority for the Travel Assistance West. In addition, Young Adult Cancer Canada is willing to assist you in raising the travel funds and has a fundraising model that you may find helpful.*

---

## **ABOUT YOU - BIO**

We want to know about you! Young Adult Cancer Canada is gathering information for each and every participant, this will be compiled and distributed to all participants at the start of the retreat, to help us get to know each other and help us stay connected after the weekend. Please let us know a little about yourself – keeping to approximately 200-300 words, we have included some general questions/topics that may help get the ball rolling!

What was your biggest challenge when it came to being a supporter?

How has cancer changed your life?

What do you hope to gain from this retreat?

Where are you professionally (school/work)? Personally (single, married, family)? What are your future goals (professional and/or personal)?

What do you like to do in your spare time?

Do you have any training or special interest in any therapies? I.e. yoga, meditation, art therapy, Reiki, Qigong, etc?

***\*Note: if you are confirmed for the retreat and you find out that you will be unable to attend, please let us know as soon as possible.***



**[shali@youngadultcancer.ca](mailto:shali@youngadultcancer.ca)**

6175 Almon St.

P.O. Box 8323

Halifax, NS B3K 5M1