



Fraser Valley Aboriginal Children and  
Family Services Society

# Youth Canoe Camps 2018

Wednesday, July 4 / Thursday, July 26 & Thursday, August 22

Dear Parents and Guardians:

**PLEASE PRINT CLEARLY AND COMPLETE  
THE FOLLOWING:**

1. Youth Registration Form
2. Participation Permission Form
3. ISPARC Waiver
4. Youth Camp Code of Conduct

Return Completed Package to  
Your Local Xyolhemeylh Office  
Attention: Community Engagement Worker  
Or Via Email [Registration@Xyolhemeylh.bc.ca](mailto:Registration@Xyolhemeylh.bc.ca)

Langley  
20644 Eastleigh Cres  
Ph: 604-533-8826  
Fax: 604-533-8827

Abbotsford  
2276 Clearbrook Rd  
Ph: 604-855-3328  
Fax: 604-855-3329

Mission  
34110 Lougheed Hwy  
Ph: 604-820-2595  
Fax: 604-820-2597

Chilliwack  
7201 Vedder Rd  
Ph: 604-858-0113  
Fax: 604-824-2518

Agassiz  
7278 Pioneer Ave  
Ph: 604-796-9836  
Fax: 604-796-9837

## DEADLINE FOR REGISTRATION

Register by Wednesday, June 20 for July 4 Canoe Camp in Agassiz  
Register by Wednesday, July 11 for July 26 Canoe Camp in Chilliwack  
Register by Wednesday, August 8 for August 22 Canoe Camp in Mission

*Open for ages 12 to 18*

### PLEASE NOTE:

If you are successfully registered for any YOUTH DAY CAMP you will be contacted by telephone, given additional information and a time for camp sign-in!



# Youth Canoe Camps 2018

## Wednesday, July 4 / Thursday, July 26 & Thursday, August 22

### Youth Registration:

**THIS SECTION MUST BE FILLED OUT BY REGISTERING YOUTH:**

Youth **MUST** pre-register to be accepted. If successfully registered for camp you will be contacted by phone.

Please indicate the dates you will be attending:

Day One; July 4 (Hope)       Day Two; July 26 (Chilliwack)       Day Three; August 22 (Mission)

NAME:		AGE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (YYYY/MM/DD)
ADDRESS:		CITY/TOWN:		POSTAL CODE:
HOME TELEPHONE NUMBER:	ALIAS (known by another name):	EMAIL ADDRESS:		

**Band** you belong to: \_\_\_\_\_ I live  **ON RESERVE**     **OFF RESERVE**

**STATUS**     **NON-STATUS**     **MÉTIS**     **OTHER**    If "Other" please identify: \_\_\_\_\_

\*Please tell us why you want to go to Canoe camp. This will help the camp planning committee make decisions about who will be attending.

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Yes, I \_\_\_\_\_ agree to participate in all events and follow all rules and guidelines of Youth Camp.

Youth Signature: \_\_\_\_\_

*\*Above section must be completed by youth registering.*

### Parent/Guardian Information:

MOTHER/LEGAL GUARDIAN FULL NAME:	HOME PHONENUMBER:	WORK PHONE NUMBER:
FATHER/LEGAL GUARDIAN FULL NAME:	HOME PHONENUMBER:	WORK PHONE NUMBER:
SIGNATURE OF PARENT/GUARDIAN:		DATE SIGNED (YYYY/MM/DD)
WITNESS SIGNATURE AND PRINTED NAME:		DATE SIGNED (YYYY/MM/DD)



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## Participation Permission Form:

- I hereby do  do not  consent and authorize the Xyolhemeylh Summer Camp to use and reproduce photographs taken of my child and to circulate same for advertising or publicity purposes of every description.
- It is our policy that we (Xyolhemeylh) notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we are unable to contact parents/guardians and require immediate assistance for the child. Our procedure is to call an ambulance and transport your child to the nearest emergency center.
- In the event of an injury or medical emergency, it is the policy of the Summer Camp Committee that the decision to call an ambulance (at the parent/guardian's expense) rests with the trained staff on duty.
- I hereby give consent for my child, \_\_\_\_\_, when ill or injured to be taken by ambulance to the nearest emergency center when I cannot be contacted.
- I have provided the proper medical information and medical card number for my child.
- I hereby give consent for Camp Staff to administer the following medications to my child, listed below.

**ALL MEDICATIONS MUST BE IN BLISTER PACKS FROM THE PHARMACY WITH THE ORIGINAL PERSCRIPTION LABEL. ALL MEDICATIONS MUST BE GIVEN TO THE CAMP STAFF UPON ARRIVAL TO CAMP.**

MEDICATION NAME	WHEN IT IS GIVEN	AMOUNT OR DOZE	GIVEN HOW

## Medical Information:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care #: \_\_\_\_\_

- Allergic to bee/wasp stings   
  Asthma   
  Diabetes   
  Recurring headaches  
 Seizures   
  Black-outs   
  Chest Pain   
  Heart Disease  
 Mental Health   
  Suicide Ideology   
  Schizophrenia   
  Other: \_\_\_\_\_

Does your child swim?  Yes  No

Is your child taking medication:  Yes  No (Please list medication above.)

Does your child have any special needs?  Yes  No

## Emergency Contact Information:

Will you be available in case of emergency?  Yes  No

Please provide **two** emergency contact names and phone numbers:

**PLEASE PRINT CLEARLY**

CONTACT NAME #1:	PHONE NUMBER:	CONTACT NAME #2:	PHONE NUMBER:
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Please ensure your child is free from any communicable or contagious diseases(**examples: flu, scabies, pink eye strep throat, head lice, etc**). If your child arrives at camp with a communicable disease they will be sent home.

SIGNATURE OF PARENT/GUARDIAN:	DATE SIGNED (YYYY/MM/DD)
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## Fraser Region



### Indigenous Sport Physical Activity and Recreation Council

#### PARTICIPANT INFORMATION

First Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name		Date of Birth (mon/dd/yyyy)	/ /
Mailing Address		Home Phone	( ) -
City/Town		Mobile Phone	( ) -
Postal Code	-	Email	@
Ancestry	<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	Affiliation/ Community	
Status	<input type="checkbox"/> Non-Status <input type="checkbox"/>	Reside:	<input type="checkbox"/> Off Reserve <input type="checkbox"/> On Reserve

**WAIVER & RELEASE OF LIABILITY:** In the consideration of the Indigenous Sport, Physical Activity and Recreation Council (Partners Council) accepting my registration and allowing me to participate in the High 5 Training, Introduction to Canoeing, Run Jump Throw, and/or Archery Sessions as part of the Fraser Valley Aboriginal Children and Family Services Society 2018 Summer Camps, I myself, my heirs, executors, administrators and assigns **herely agree to:**

- RELEASE** the BC Association of Aboriginal Friendship Centers (as the host organization of the Partners Council) Fraser Valley Aboriginal Children and Family Services Society (event hosts), Indigenous Sport, Physical Activity and Recreation Council, its partners, volunteers, servants, agents, employees and other participants of the event (all of whom are hereinafter collectively referred to as the "Releases"), from any and all claims, actions, costs, demands and expenses arising out of or in consequence of any loss, injury or damage to my person or personal property incurred while attending at or participating in the Introduction to Archery Session, notwithstanding that any such loss, injury or damage may result from the negligence of the Releases. In addition, permission is granted to administer any medical treatment that may be required.
- WAIVE ANY AND ALL CLAIMS** that I, my heirs, executors, administrators, insurers, successors and assigns have or may have in the future against the Releases.

I understand the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules, regulations set by the Partners Council and BC Association of Aboriginal Friendship Centers. I have read this release of liability and assumption of risk agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign freely voluntarily, without an inducement.

Participant Signature	_____	Witness	_____
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**PARENT/LEGAL GUARDIAN - For participants under the age of 19 the following must be completed by his/her parent or guardian**  
I, as the parent/legal guardian of the participant named above and herein, agree to assume the full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the Camp. I, as the parent/legal guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Waiver and Release of Liability in its entirety.

Parent/Guardian Name:	_____	Signature	_____
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This information is being collected in accordance with the Municipal Government Act and is protected by the privacy provisions of the Freedom of Information & Protection of Privacy Act (R.S.A 2000 c, F-25). Any questions about the collection and use of information, please contact the Director of the Indigenous Sport, Physical Activity and Recreation Council at 604-388-5522.



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## Youth Camp Code of Conduct

This contract must be signed and dated by the camp participant and a parent/legal guardian. This contract is designed to help participants and parents/guardians understand certain expectations of the participants of the Youth Summer Day Camp. Please read carefully, sign, date this form and return to Xyolhemeylh attention Summer Camps with the completed registration form, participant permission form, code of conduct and ISPARC waiver form.

I, \_\_\_\_\_ agree to abide by the following:

1. I will promote a positive, productive, and supportive environment for the group.
2. I will notify the Camp Leaders or Xyolhemeylh employees of any injury or illness.
3. I will refrain from using foul and demeaning language, whether in public or among my group.
4. I will not smoke, use any alcohol or drugs other than medication prescribed to me by a doctor. I understand that if I smoke, use alcohol or illegal drugs I will be sent home immediately at my own expense. I understand this is a substance free event.
5. I understand that it will be the decision of the Camp Leaders or Xyolhemeylh employees that if any term of this contract is broken I will be sent home immediately.
6. I understand that my Parents/Guardians/Emergency Contact persons will be contacted AT ANYTIME of the day in the event that I will be returning home due to an emergency or due to failure to abide by the Code of Conduct, or Camp Guidelines.

I, \_\_\_\_\_, **youth registrant, have read and understand all forms provided. I acknowledge and accept full responsibility as described above.**

**Signature of Youth Registering:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_