



Family Spirit Camp 2018



Wednesday, August 15 – Friday, August 17

Kwantlen First Nation
23601 Gabriel Lane, Fort Langley, BC

**Return Completed Package to
Your Local Xyolhemeylh Office
Attention: Community Engagement Worker
Or Via Email 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

Wednesday, July 25

Pre-Registration is Required

PLEASE NOTE:

If you are successfully registered for FAMILY CAMP you will be contacted by telephone, given additional information and a time for camp sign-in. Space is limited and registration is on a first come, first served basis from the date your completed registration package is received by Xyolhemeylh.

Remember to bring:

- | | | |
|---|--|--|
| <input type="checkbox"/> Drums & Paddles | <input type="checkbox"/> Sun Hat / Umbrella | <input type="checkbox"/> Insect Repellant |
| <input type="checkbox"/> Tent & Tarp | <input type="checkbox"/> Rain Gear & Warm Jacket | <input type="checkbox"/> Refillable Water Bottle(s) |
| <input type="checkbox"/> Sleeping Bag / Foamy | <input type="checkbox"/> Towel(s) | <input type="checkbox"/> Cutlery (Not Disposable) |
| <input type="checkbox"/> Lawn / Camp Chairs | <input type="checkbox"/> Toiletries | <input type="checkbox"/> Reusable Plates, Bowls & Cups |

Styrofoam Plates, Bowls & Cups are Not Permitted

Please do not bring expensive personal gear, junk food, valuables, money or electronic devices (iPod, laptop, etc.)

Registrant, Please Keep This Page



Family Spirit Camp 2018



Registering Family Member:

Please Print Clearly

Name: _____ Age: _____
Last First

Address: _____
Street City Postal Code

Email Address: _____ Do you have access to the internet? YES NO

ON RESERVE OFF RESERVE Status Non-Status Métis Inuit Other

Band you belong to: _____

Home Phone: _____ Cell Phone: _____ Okay to text? YES NO

Participant First & Last Name	Relationship? Husband, Wife, Child, Aunt	CIC? Y or N	Age	Date of Birth (yy/mm/dd)	Gender M or F

Emergency Contact Information:

Please provide **two** emergency contact names and phone numbers we can call if there is an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Social Workers: Please note, if there is a supervision order in place for your family you must attend camp with your family all three days.



Family Spirit Camp 2018



Please Print Clearly

Name (please list all family members)	1.	2.	3.	4.	5.
Medical Number					
Status Number					
Allergies (specify)					
Recurring Headaches					
Chest Pain					
Asthma					
Seizures					
Heart Disease					
Diabetes					
Black-Outs					
High blood pressure					
Other Allergies/other medical conditions					
Family Doctor					
Require special care, medication or diet?					
Swimming Ability					
Name (please list all family members)	6.	7.	8.	9.	10.
Medical Number					
Status Number					
Allergies (specify)s					
Recurring Headaches					
Chest Pain					
Asthma					
Seizures					
Heart Disease					
Diabetes					
Black-Outs					
High blood pressure					
Other Allergies/other medical conditions					
Family Doctor					
Require special care, medication or diet?					
Swimming Ability					



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Family Spirit Camp Code of Conduct



This Code of Conduct must be signed and dated by the registering family member. This is designed to help participants understand certain expectations of the Family Spirit Camp. Please read, sign and date this form then return with your completed registration package.

I, _____ agree to abide by the following:

1. My family and I will promote a positive, productive, and supportive environment for the group.
2. My family and I will notify the Camp Leaders or Xyolhemeylh employees of any injury or illness.
3. My family and I will refrain from using foul and demeaning language whether in public, within our group, or toward any person.
4. My family and I will be in camp at the times specified and remain there unless otherwise authorized.
5. My family and I will not use any alcohol or drugs other than medication prescribed by a doctor. I understand that if I or anyone in my registered group use alcohol or drugs, I/they will be sent home immediately, at my/their own expense. I also understand that I will not be reimbursed for any transportation costs. My family and I understand this is a substance free event.
6. My family and I understand that it will be the decision of the Camp Leaders or Xyolhemeylh employees that if any item of this contract is broken I/we will be sent home immediately at our own expense. We also understand that I/we will not be reimbursed any transportation costs.

I, _____, Family Registrant, have read and understand all of the forms provided. I acknowledge and accept full responsibility for my family as described above.

Signature of Family Registrant: _____

Date: _____

Photographic Waiver:

- We hereby do consent and authorize Xyolhemeylh to use and reproduce photographs taken of above registered camp participants and to circulate same for advertising or publicity purposes of every description.
- We do not allow any photographs to be taken.

Printed Name and Signature of Family Registrant

Date