



Fraser Valley Aboriginal Children and
Family Services Society

Natural Changes Camp

July 31-August 3, 2018

Location: Soowahlie First Nation, Cultus Lake

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

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

Monday, July 16, 2018

Open for ages 12 to 18

PLEASE NOTE:

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



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Youth Registration:

FILLED OUT FOR REGISTERING YOUTH:

Please note youth **MUST** pre-register to be accepted. This is to help ensure the youth will participate willingly in camp activities. If successfully registered for camp you will be contacted by telephone.

PLEASE PRINT CLEARLY

NAME:		AGE:	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 camp. This will help the camp planning committee make decisions about who will be attending.

Yes, I _____ agree to participate in all events and follow all rules and guidelines of Natural Changes Camp 2018.

Youth Signature*: _____

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

Parent/Guardian Information:

MOTHER/LEGAL GUARDIAN FULL NAME:	HOME PHONE NUMBER:	WORK PHONE NUMBER:
FATHER/LEGAL GUARDIAN FULL NAME:	HOME PHONE NUMBER:	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.
- I understand 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 PRESCRIPTION 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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Natural Changes Camp

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Location: Soowahlie First Nation, Cultus Lake

Natural Changes 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 Natural Changes Camp. Please read carefully, sign, date this form then return to Xyolhemeylh attention Community Engagement Worker with the completed registration form, participant permission form 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 as soon as possible at my own expense. I understand this is a substance free event.
5. I understand that under NO CIRCUMSTANCES will males be permitted into the Natural Changes Camp and under NO CIRCUMSTANCES will females be permitted into the Warrior Camp. The only exception is the closing ceremony and Slahal game.
6. I understand that it will be the decision of the Camp Leaders or Xyolhemeylh employees that if any term of this agreement is broken I will be sent home immediately.
7. I understand that my Parents/Guardians/Emergency Contact persons will be contacted AT ANY TIME of the day or night in the event I am returning home due to an emergency or failure to abide by the Code of Conduct or Camp Guidelines.

I _____, camp 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: _____



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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 <small>(mon/dd/yyyy)</small>	/ /
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 **hereby 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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What to Bring to Camp

PLEASE KEEP THIS PAPER

- Long Skirt for Ceremony Only
- Special Blanket and Bandana for Ceremony Only
- Sleeping Bag
- Foamy to Sleep on
- Blanket(s)
- Reusable Dish, Bowl, Cup and Eating Utensils *Styrofoam is Not Allowed*
- Refillable Water Bottle
- Insect Repellent
- Sun Block
- Lawn Chair
- Hat
- Towel
- Long Pants, Shorts, Etc.
- Warm Jacket (For Evenings)
- Toothbrush/Toothpaste
- Hair Brush & Other Toiletry/Personal Hygiene Products
- Rain Gear

Please do not bring:

- Electronic Devices (iPod, Cell Phone, Etc.)
- Junk Food
- Valuables or Money
- Expensive Personal Gear, Clothing, Shoes, Etc.

Camp is rain or shine so please come prepared for appropriate weather conditions.

Please ensure participant is free from any communicable or contagious diseases (flu, scabies, pink eye, strep throat, head lice, etc). Participants arriving with communicable or contagious diseases will be sent home.