



Fraser Valley Aboriginal Children and  
Family Services Society

# Warrior 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](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

**Monday, July 16, 2018**  
*Open for ages 12 to 18*

### PLEASE NOTE:

If you are successfully registered for WARRIOR 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.

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Yes, I \_\_\_\_\_ agree to participate in all events and follow all rules and guidelines of Warrior 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 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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## Warrior 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 the expectations of the participants of Warrior Camp. Please read carefully, sign and 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 contract 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

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

1. **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.

2. **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.

<b>Participant Signature</b>	_____	<b>Witness</b>	_____
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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.

<b>Parent/Guardian Name:</b>	_____	<b>Signature</b>	_____
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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 Pants or shorts that are below knees for Ceremony Only
- Special Blanket and Bandana for Ceremony Only
- Sleeping Bag
- Tent
- 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 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.\***