



Family Spirit Camp Registration 2019



Wednesday, August 7 - Friday, August 9

Sweltzer Creek Campground
Sleepy Hollow Road, Cultus Lake (Swoowahlie First Nation)

**Return Completed Package to
Your Local Xyólheméylh Office
Attention: Summer Camps
Or Via Email Registration@xyolhemeylh.bc.ca**

Langley 20644 Eastleigh Cres Ph: 604-533-8836 Fax: 604-533-8827	Abbotsford 2276 Clearbrook Rd Ph: 604-855-3328 Fax: 604-855-3329	Mission 3411- 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
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**DEADLINE FOR REGISTRATION
Wednesday, July 24
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 Xyólheméylh.

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/Pillow | <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



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Registering Family Member:

Name: _____ Age: _____

Address: _____

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: _____ Do you have an open file with Xyólheméylh?
YES NO

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

Participant First & last Name	Relationship? (i.e. Husband, Wife, Child)	CIC? Y or N	Age	Dietary Restrictions	Gender

If you are currently receiving services from Xyólheméylh, please identify your social worker:

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.



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Names:	1.	2.	3.	4.	5.
Medical Number					
Allergies (specify)					
Recurring Headaches					
Chest Pain					
Asthma					
Seizures					
Heart Disease					
Diabetes					
Black-Outs					
High blood pressure					
Other Allergies/other medical conditions					
Family Doctor					
Family Doctor Phone					
Require special care or medication?					
Swimming Ability (Good/Poor)					
Names:	6.	7.	8.	9.	10.
Medical Number					
Allergies (specify)					
Recurring Headaches					
Chest Pain					
Asthma					
Seizures					
Heart Disease					
Diabetes					
Black-Outs					
High blood pressure					
Other Allergies/other medical conditions					
Family Doctor					
Family Doctor Phone					
Require special care or medication?					
Swimming Ability (Good/Poor)					



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Family Spirit Camp Code of Conduct

This contract must be signed and dated by the registering family member. This contract 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 Xyólheméylh 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 those 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.
6. My family and I understand that it will be the decision of the Camp Leaders or Xyólheméylh 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 Xyólheméylh 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