



Youth Canoe Camps Registration 2019

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
Tuesday, July 16 for each Canoe Camp
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!

Camp Days and Locations:

Tuesday, July 30 at Kawkawa Lake, Hope
for beginner paddlers age 9 to 18.

Wednesday, July 31 at Cultus Lake
for experienced paddlers age 12 to 18.

Thursday, August 1 at Hayward Lake, Mission
for all skill levels age 12 to 18.



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Youth Registration:

This section must be filled out by 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.

Name:	_____	Age & Gender:	_____	Date of Birth:	_____
Address:	_____				
Home Phone:	_____	Alias:	_____	Email Address:	_____

Do you have an open file with Xyólheméylh?

YES NO

If yes, who is your social worker? _____

ON RESERVE OFF RESERVE Status Non-Status Métis Inuit Other

Band you belong to: _____ 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.

I, _____, agree to participate in all events and follow all rules and guidelines of Canoe Camp.

Youth Signature: _____

Above section must be completed by registering youth.

Parent/Guardian Information:

Mother/Legal Guardian Full Name:	Home Phone Number:	Alternate Phone Number:
_____	_____	_____
Father/Legal Guardian Full Name:	Home Phone Number::	Alternate Phone Number:
_____	_____	_____
Signature of Parent/Guardian:	Date:	
_____	_____	
Witness Signature & Printed Name:	Date:	
_____	_____	



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Participation Permission Form:

1. I hereby, **DO** **DO NOT** , consent and authorize the Xyólheméylh Summer Camp to use and reproduce photographs taken of my child and to circulate same for advertising or publicity purposes of every description.
2. It is our policy that we (Xyólheméylh) 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.
3. 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.
4. 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.
5. I have provided the proper medical information and medical card number for my child.
6. 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 Dose	How It Is Given

Medical Information:

Doctor's Name:	Doctor's Phone:	Health Care #:
_____	_____	_____
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Seizures	<input type="checkbox"/> Black-Outs	<input type="checkbox"/> Chest Pain
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Suicide Ideology	<input type="checkbox"/> Schizophrenia
		<input type="checkbox"/> Recurring Headaches
		<input type="checkbox"/> Heart Disease
		<input type="checkbox"/> Other:
Does your child swim?	Does your child take any medication?	Does your child have any special needs?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please identify any complex behaviours and/or developmental delays:



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Emergency Contact Information:

Will you be available in case of emergency? YES NO Please provide two emergency contact names and phone numbers we can call if there is an emergency:

Contact Name #1:	Phone Number:	Contact Name #2:	Phone Number:
_____	_____	_____	_____

Signature of Parent/Guardian: _____ **Date Signed:** _____

Please ensure your child is free from any communicable diseases 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.

Additional Information:

For Internal Use Only:



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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 the expectations of the participants of Canoe Camp. Please read carefully, sign and date this form then return to Xyólheméylh attention Summer Camps with the completed registration form, participant permission form and 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 Xyólheméylh employees of any injury or illness.
3. I will refrain from using foul and demeaning language.
4. I will not use any alcohol, cigarettes or drugs other than medication prescribed to me by a doctor. I understand that if I use alcohol, cigarettes or drugs I will be sent home as soon as possible at my own expense.
5. I understand that it will be the decision of the Camp Leaders or Xyólheméylh 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 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 of the forms provided. I acknowledge and accept full responsibility as described above.

Signature of Youth Registrant:

Signature of Parent/Guardian:

Date:



Fraser Region

Indigenous Sport Physical Activity and Recreation Council



PARTICIPANT INFORMATION

First Name		Gender	
Last Name		Date of Birth (mm/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"/> Status <input type="checkbox"/> Non-Status		Reside: <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	

WAIVER & RELEASE OF LIABILITY: In the consideration of the Indigenous Sport, Physical Activity and Recreation Council (ISPARC) accepting my registration and allowing me to participate in the High 5 Training, Introduction to Canoeing, Lacrosse and/or Archery Sessions as part of the Fraser Valley Aboriginal Children and Family Services Society 2019 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 ISPARC) 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 High 5 Training, Introduction to Canoeing, Lacrosse and/or Archery Sessions, 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 ISPARC 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.