



# Visions & Voices Forum Registration 2019

Return Completed Package to  
Your Local Xyólheméylh Office  
Attention: Visions & Voices  
Or Via Email [Registration@xyolhemeylh.bc.ca](mailto: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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**REGISTRATION DEADLINE**  
**Friday, November 1, 2019**  
Open for ages 12 to 19

**PLEASE NOTE:**

Location:

Camp Charis , Chilliwack (51935 Hack Brown Road)

Date and Times:

Drop off 4:00pm Friday Nov 22, Pick up 7:00pm Saturday Nov 23



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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 Visions & Voices.

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:

<b>Doctor's Name:</b>	<b>Doctor's Phone:</b>	<b>Health Care #:</b>
_____	_____	_____
<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:
<b>Does your child take any medication?</b>		<b>Does your child have any special needs?</b>
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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Do you need transportation? YES  NO  What is your hoodie size? \_\_\_\_\_



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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Visions & Voices Forum Registration 2019

## 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. 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: