



**xwlálámetem o stelmexw  
(Listen to the Medicine)  
Elders & Youth Gathering  
Registration Form for Youth**

**Return Completed Package to  
Your Local Xyólheméylh Office  
Attention: Elders & Youth Gathering  
Or Via Email [Registration@xyolhemeylh.bc.ca](mailto:Registration@xyolhemeylh.bc.ca)**

<b>Langley</b> 20644 Eastleigh Cres Ph: 604-533-8836 Fax: 604-533-8827	<b>Abbotsford</b> 2276 Clearbrook Rd Ph: 604-855-3328 Fax: 604-855-3329	<b>Mission</b> 3411- Lougheed Hwy Ph: 604-820-2595 Fax: 604-820-2597	<b>Chilliwack</b> 7201 Vedder Rd Ph: 604-858-0113 Fax: 604-824-2518	<b>Agassiz</b> 7278 Pioneer Ave Ph: 604-796-9836 Fax: 604-796-9837
---	--	---	--	---

**Friday, October 25 - 4:30 - 8:30 pm  
Saturday, October 26 - 8:30 am - 7:00 pm /  
Youth Dance - 7:00 pm - 10:00 pm  
Squiala Gym, 45005 Squiala Road, Chilliwack  
Youth should be 13 -21 Years of Age**

**Registration Deadline:  
Tuesday, October 15, 2019**



# xwlalámetem o stelmexw (Listen to the Medicine) Elders & Youth Gathering Registration 2019

## Youth (13 to 21) Registration:

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

Do you have an open file with Xyólheméylyh?

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: \_\_\_\_\_

The section below should be filled out by parents/guardian of 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:	
_____	_____	



# xwlalámetem o stelmexw (Listen to the Medicine) Elders & Youth Gathering Registration 2019

## Participation Permission Form for Parents/Guardians:

1. I hereby, **DO**  **DO NOT** , consent and authorize the Xyólheméylh 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 Xyólheméylh 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 Xyólheméylh 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:

---



---



---



---



---



---

Do you need transportation? YES  NO



# xwlalámetem o stelmexw (Listen to the Medicine) Elders & Youth Gathering Registration 2019

## 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.

## Workshop Registration. Please rank top 3 choices

We will do our best to accommodate everyone's preferences for workshops, however, some workshops have limits on the number of participants. Please rate your top three choices by ranking 1 to 3.

Stó:ló Tour with Sonny McHalsie

Traditional Medicine with Wendy Ritchie

Spiritual Healing with Saylesh Wesley

Smudging with Arnold Ritchie

Paddle Painting with Fred Jackson

Sweat Lodge

The Spirit of Self Esteem with Earl Lambert

Soap Making

## For Internal Use Only:



## xwlalámetem o stelmexw (Listen to the Medicine) Elders & Youth Gathering Registration 2019

**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 Elders & Youth Gathering 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 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 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.

I, \_\_\_\_\_, Elders & Youth Gathering 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: