



Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh



110-3010 Gladwin Rd, Abbotsford, BC, V2T 0H5
Telephone: (604) 855-3328 Fax: (604) 855-3361

Visions and Voices – YOUTH FORUM NOV 17-19 Registration Form – AGES 12-19

Location: Camp Squeah , 27915 Trans-Canada Hwy, Hope BC
Registrations to be sent to visionsandvoices@xyolhemeylh.bc.ca
Registration is required by October 6th 2023

GUIDELINES FOR ATTENDING THE EVENT: (More info will be shared closer to the event)

- This is an overnight camp Friday Evening- Sunday Afternoon. Participants will need to bring a pillow and blanket/sleeping bag. We are staying in a lodge with bunk beds. Each room will have 7 youth and 1 staff chaperone. A helpful packing list will be sent closer to the event
- There is absolutely no smoking, vaping, drugs, alcohol or weapons permitted on the premises.
- It is recommended for youth to leave their electronics/cellphones at home as we are not responsible for lost devices.

Participant Information:

NAME (FIRST AND LAST):		PHONE NUMBER:	AGE:	GENDER:
ADDRESS:		CITY:	EMAIL ADDRESS:	
HOODIE SIZE: (Adult Sizes)		SOCIAL WORKER NAME:		
MEDICATIONS:		Medication instructions (Can the youth take on their own? Do they need reminders? What time are medications given?)		
ALLERGIES/MEDICAL CONCERNS/FOOD RESTRICTIONS:				
Additional info or behaviours Facilitator or Staff should be aware of:				

Caregiver/Primary Emergency Contact Information:

NAME:		PHONE NUMBER:	EMAIL:
ADDRESS:		RELATIONSHIP TO PARTICIPANT:	



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Please list a secondary Emergency contact in case the first one is unavailable.

Secondary Emergency Contact Information:

NAME:	PHONE NUMBER:	RELATIONSHIP TO PARTICIPANT :
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Waiver/Release:

Participant agrees to follow all reasonable instructions and directions of the staff duly appointed by Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh in connection with the operation of the above named event.

I hereby release, remise and forever discharge the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh.

In the event a participant is injured, ill or in need of medical attention, I authorize the Fraser Valley Children and Family Services Society-Xyolhemeylh staff to seek medical attention on my behalf.

Signature: _____ Date: _____