



Kwanlin Dün First Nation Health Department and Youth Recreation with Northern Cultural Expressions Society presents:
Youth and Elder Spring Break Camp on the Land at the Jackson Lake Healing Camp
March 11-15 and 18-22, 2019
 daily from 9:00 a.m. to 4:00 p.m.
 youth ages: 9 – 18

Registration and consent form package

Please fill out all information contained in this three-page package and return to Health Reception: **Attention Jackson Lake Wellness Team (JLWT)**, by 4:30 p.m. on March 1, 2019. Registration is first come first served.

Kwanlin Dün First Nation Health Centre – 53 McClimon Crescent
 Health Reception: alicia.vance@kdfn.net 668-7289 Ext 201

You will be notified if your child has been registered for the Spring Break camp by March 5, 2019 via email, or phone call if an email address is not provided.

Please indicate which days you would like to register your child for the camp and if transportation is required.

Transportation leaves daily from the main Administration building in the McIntyre subdivision between 9:00-9:30 a.m. and returns daily between 3:30-4:00 p.m.

March 11-15	Monday	Tuesday	Wednesday	Thursday	Friday
attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

March 18-22	Monday	Tuesday	Wednesday	Thursday	Friday
attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<p>I authorize my child, named below, to be released from the Youth and Elder Spring Break camp into his/her own care at the end of the camp day, for the duration of the camp week(s). I understand that, if I choose this option, KDFN Health Department and Youth Recreation will cease to be responsible for my child and his/her supervision at the end of the camp day, at 4:00 p.m.</p>
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Youth Recreation Program Consent Form
-Please Print Legibly-

Participant Information

Name (Last, First, MI) _____

Address _____

City _____ Province/Territory _____ Postal Code _____

Phone _____

Date of Birth _____ Gender M / F _____

Are you First Nation? Yes / No

If you answered yes, what is your First Nation? _____

What School do you attend? _____

What grade are you in? _____

Medical

Participant Health Care Card Number _____

Do you have any food allergies or other medical concerns we should know about? Yes/ No

Please explain _____

Parent/Guardian

Parent/Guardian Name (Last First, MI) _____

Relationship to the child _____

Email _____ Phone _____

<p>Picture Permission, Photo Release</p> <p>I, _____ hereby give written consent for my picture to be taken for publicity or program purposes only.</p> <p>Participant's Signature (guardian, if under 19 years of age) _____</p>
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Please provide the names of two adults to be contacted in case of emergency.

Name _____ Phone _____

Name _____ Phone _____

Risk Assumption

Risk

I, the undersigned, understand and acknowledge that my child's participation in the recreation program might result in personal injury, property damage or loss. I fully understand these risks and hereby agree to allow my child to participate in the day's activities voluntarily and at their own risk. I further state that my child is in proper physical condition to participate in these activities. I understand and agree that if required, trained staff and/or workers may secure First Aid for the wellbeing of my child during the program.

Liability

In consideration of your application for your child's participation in the Recreation Program, the Kwanlin Dun Community Justice Department is covered by liability insurance. All staff members involved with the Recreation Program have completed a Criminal Record Check and have been cleared to work with your child.

Behavioral Expectations

As outdoor trips pose high risk for staff and participants by virtue of the activities itself, it is especially important that reasonable behavioral expectations are followed so as to limit unnecessary risks while participating. This includes, abiding by KDFN staff's directives as well as demonstrating respect for staff and other participants.

As parent or guardian, I understand that reasonable behavioral expectations are required to participate in the program; and that, if required, I agree to pick up my child/children from the outdoor location or have them dropped off at home at the discretion of KDFN staff or volunteers.

Declaration and Authorized Signature

I, as the parent/guardian of the participant named _____ hereby declare that I have read, understood and agree to the contents of this Informed Registration, Medical Disclosure and Risk Assumption application in its entirety.

I, as the parent/guardian of the participant, agree to assume 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 supervisors.

Signature _____ Date _____
