



Kwanlin Dün First Nation Community Justice  
35 McIntyre Drive  
Whitehorse, Yukon Y1A 5A5  
Phone: 867-633-7800 ext. 613  
Fax: 867-633-7855

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### **Youth Spring Camp Registration form**

**- Please Print Legibly -**

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This camp aims to bring youth together on the land to play together and engage in cultural programming. KDFN staff will be there to facilitate activities and make sure that we all have a safe, fun relaxing time. Programming will include ice fishing, sewing, hand games, mural painting and so much more. Snacks and meals will be provided. There will be zero tolerance for bullying at this camp. All participants will need to follow COVID-19 guidelines and have signed a Youth Recreation Covid-19 Screening Consent form. The RCMP will be participating in this camp as support.

#### **What We provide**

- Healthy meals and snacks throughout your time at camp
- Staff and Elder for crafts and other outdoor activities
- Safety orientation and On-site First Aid Attendant
- Transportation to and from camp

#### **What You Provide**

- Warm Layers
- Winter Coat and Snow Pants
- Gloves and Winter Hat
- Warm Boots
- Any medication your child needs.

If you do not have any of the above, we can supply your child with the clothes they need. Please let us know if your child requires any gear, and indicate what size they require.

#### **Transportation**

Bus departs from the Multi Purpose Building (19 McIntyre Drive) at 9:30 a.m. each day, arriving at Jackson Lake at 10:00 a.m. The bus departs Jackson Lake at 3:30 p.m. and returns at 4:00 p.m. each afternoon.

#### **Please read and sign that you and your family agree to above information**

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send Registration to: [frances.langtry@kdfn.net](mailto:frances.langtry@kdfn.net)**

For more information call Frances at (867)334-5427

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Due to COVID, Registration numbers will be limited to indoor gathering recommendations of the Yukon Chief Medical Officer of Health

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**Participant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ OPTIONAL Gender \_\_\_\_\_

**List any food allergies or dietary restrictions for your child**\_\_\_\_\_  
\_\_\_\_\_**Will your child require any medication to be administered?**  Yes  No

If yes, please list what medication and the time it needs to be administered

\_\_\_\_\_  
\_\_\_\_\_**Is there anything else you would like us to know, or that we need to know about your child?**\_\_\_\_\_  
\_\_\_\_\_

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**Participation**

Which camp would you like to register your child in? Check one of the following options

 **March 15 to 19**  
For youth 7 to 12 years **March 22 to 26**  
For youth 13 to 18**Drop off**

Do you give permission for your child to walk home alone at the end of the program?

 Yes  No

Who is allowed to pick up your child?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**In case of Emergency**

Please provide the names of two adults to be contacted in case of emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_