

# Cultural Connections for Aboriginal Youth & Recreation Program



## CONSENT TO PARTICIPATE IN 2010 KEISH SUMMER DAY CAMP

Due to the possibility of high participation in the Keish Summer Day Camp Program we request that you sign your child up for two camps. In the event of lack of participation in any other camps you will be notified via telephone of future openings for your child to participate in.

- Yes notify me of any openings
- No do not notify me of any openings

**Please check 2 boxes for your child to participate**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Camp # 1</b> June 22 to 25, _____ ages 6 to 9 | <input type="checkbox"/> <b>Camp # 2</b> June 28 to July 2 _____ ages 10 to 14 |
| <input type="checkbox"/> <b>Camp # 3</b> July 5 to 9, _____ ages 6 to 9   | <input type="checkbox"/> <b>Camp # 4</b> July 12 to 16 _____ ages 10 to 14     |
| <input type="checkbox"/> <b>Camp # 5</b> July 19 to 23 _____ ages 6 to 9  | <input type="checkbox"/> <b>Camp # 6</b> August 2 to 6 _____ ages 10 to 14     |
| <input type="checkbox"/> <b>Camp # 7</b> August 9 to 13 _____ ages 6 to 9 | <input type="checkbox"/> <b>Camp # 8</b> August 17 to 20 _____ ages 10 to 14   |

### TO PARENTS / GAURDIANS

**RISK FACTOR:**

I, the undersigned understand and acknowledge that my child's participation in 2010 Keish Summer Day Camp 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 Camps chosen and at their own risk. I further state that my child is in proper physical condition to participate in the Day Camps.

**Liability:**

In consideration of acceptance of my child's participation in the 2010 Keish Summer Day Camp, I agree that Skookum Jim Friendship Centre, CCAY, Recreation Program and volunteers and hired staff shall not be liable for any personal injury, property damage or loss, resulting from Childs undue care and attention. With that said SJFC staff and workers will endeavor to make your child's experience safe and enjoyable.

In addition, permission is granted to trained staff and or workers to administer First Aid treatment that may be required.

**TO PARTICIPANT;**

We will be relying on responsible and co-operative behavior from all participants. Your safety and the safety of others in the Day Camp will depend on it. We will have lots of fun but there will be times when you will be expected to pay careful attention and follow the Day Camp staff's instructions.






I, \_\_\_\_\_ (participant), acknowledge that I have been informed about the nature of the activities and the inherent risks in Day Camp (activity) and I understand and realize these risks. I hereby consent to participate in the Day Camp(s). Failure to comply with the rules, regulations set forth and obey all staff will result in expulsion from the Keish Summer Day Camp.

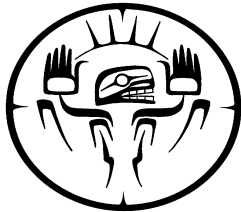
Signed on this \_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Witness to Signature of Parent / Guardian

Cultural Connections for Aboriginal Youth			
<b>Name:</b>		<b>Education:</b>	<b>Gender:</b>
		<input type="checkbox"/> Elementary	<input type="checkbox"/> Female
		<input type="checkbox"/> High School	<input type="checkbox"/> Male
<b>Address:</b>		<b>Age Category:</b>	<b>Ethnic Origin:</b>
		<input type="checkbox"/> 06 - 09	<input type="checkbox"/> First Nation
		<input type="checkbox"/> 10 - 14	<input type="checkbox"/> Métis
			<input type="checkbox"/> Inuit
			<input type="checkbox"/> Non-Aboriginal
<b>Email:</b>			
<b>PHOTO &amp; VIDEO AUTHORIZATION</b> Must be signed by legal guardian if underage of 19			
I, _____ the undersigned do hereby consent and agree that the pictures & videos taken of me be used for the Skookum Jim Friendship Centre/CCAY for purposes in publications or other visual processes.		The Skookum Jim Friendship Centre/CCAY reserves the right to have the final selection of which pictures/videos will be used. I understand that my involvement in this activity does not guarantee that my picture(s) or videos will be used.	
 <b>Participant's Signature:</b>		 <b>Parent's or Guardian's Signature:</b>	
<b>GUARDIAN, EMERGENCY, MEDICATION INFORMATION</b>			
First Aid treatment for my child is granted, should it be required			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>GUARDIAN CONTACTS INFORMATION</b>		<b>MEDICAL INFORMATION</b>	
Name:		<b>Allergies:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
H) Phone:		Own Epipen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
W) Phone:		Peanuts:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone as last resort, or urgent matters		Shellfish:	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) Phone:		Bee Stings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Animals:	
		Other:	
<b>EMERGENCY CONTACTS INFORMATION</b>			
Name:		<b>Medication:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone:		Name:	
Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		Dosage:	
Phone:			
Authorized to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No			
 <b>Guardian Signature, if under the age of 19</b>		 <b>Participant Signature</b>	



**Contact information:** Thomas Johnston 633-7684  
 Kym Barret 633 7691  
 Fax: 668 4460

Skookum Jim Friendship Centre  
 3159 3<sup>rd</sup> Avenue  
 Whitehorse, Yukon  
 Y1A 1G1