

**ABORIGINAL YOUTH FIRST**  
**PROVINCIAL OUTDOOR LEADERSHIP APPLICATION FORM**  
**August 18-24th, 2011 – Junior Eagle CORE Camp**  
(Log on to [www.youthfirst.ca](http://www.youthfirst.ca) for all forms & more details)

ALL APPLICATIONS NEED TO BE FAXED TO Leanne Hunsbedt @ 250 455 2231  
(Please bring originals to the Selection Camp and give to Allen McNabb) For more information on Registration,  
contact LeeAnne Hunsbedt @ (250) 455-2279 ext 226. Camp Director is Allen McNabb (604) 851-5302

- **Please ensure that each application is filled out and signed by both the parent and the student.**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Nation or Band: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ AGE \_\_\_\_ Birthday (dd/mm/year) \_\_\_\_\_

Name(s) of Parent(s) or Guardian(s) \_\_\_\_\_

Work phone (parent or guardian) \_\_\_\_\_

Care Card Number: \_\_\_\_\_ Status Card Number \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact (Name :) \_\_\_\_\_ Phone: \_\_\_\_\_

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## **INFORMED CONSENT**

The Guardian or Parent who signs below authorizes the youth named above to take part in programs and activities in the Aboriginal Youth FIRST Program. In consideration of the Aboriginal Youth FIRST Program, the Camp Director (Allen McNabb), Lester B Pearson College, The Province of BC and PADI (for the Dive Students, their agents or employees, the persons who are signing below, release these named parties and the Aboriginal Youth FIRST Program and it's Instructors from any claims arising out of, or in consequence of any loss, injury or damage to the personal property of the youth named above while attending or participating in any program offered by the Aboriginal Youth FIRST Program, not withstanding any such loss, injury or damage that may have arisen by reason of negligence by the Aboriginal Youth FIRST Program, its agents and/or employees. The Guardian or Parent who signs below further agree to indemnify the Aboriginal Youth FIRST Program, its agents, and/or employees from any claims or demands which may be made against them arising out of or in consequence of attendance or participation in any Aboriginal Youth FIRST Program.

\_\_\_\_\_  
Parent or Guardian Name & Signature (only needed if youth is under 19)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Youth Signature

\_\_\_\_\_  
Date

# CODE OF CONDUCT

As a participant in this program, I agree to be free of drugs and alcohol throughout the entire camp/program. I further agree to abide by the rules and regulations of the camp. I understand that if I am a camp resident that I may not leave the camp at any time unless for a camp function and with camp staff. I also agree to respect the rights of other campers to a good night sleep by observing "quiet time" hours (after 10 PM). I also understand that any music brought to the camp must be listened to by headphones. Also, it is understood that this is a no-smoking camp. If I am found smoking, I understand that I will not qualify for the Jr. Eagle Core Camp.

The youth and their parent or guardian and/or the Aboriginal Youth First Coordinator must review this code of conduct. We are attempting to make the camp an enjoyable experience for all participants and anyone who violates serious rules or becomes a problem that will jeopardize the camp will be asked to leave. A full report will be made to the parent, the Youth First Coordinator and the Band Office where applicable. It is our goal to ensure that a few people do not ruin the camp for the majority who wish to participate according to camp rules and guidelines. Camp rules will be strictly enforced for this reason. There will be areas where campers are not supposed to go (into the accommodation area of the opposite sex, the kitchen, storage, etc.). Youth found in these areas will be asked to leave the camp. Pornographic material, recreational drugs, and alcohol are not permitted in Camp.

I understand and agree to abide by the Camp Guidelines:

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL INFORMATION

(Submit this page)

Name: \_\_\_\_\_

Diet Precautions: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Instructions on how drugs medication are to be taken or administered: \_\_\_\_\_

Have you had a Tetanus shot (probably in school)? (Check one) YES \_\_\_\_ NO \_\_\_\_

Activity Restrictions or Precautions: \_\_\_\_\_

Do you have any prescribed medications, special diet, allergies, heart problems or anything else that we should be aware of? If so, please explain in the space below: \_\_\_\_\_

Please check if any of the conditions listed below, apply to you.

Physical challenges\_\_\_\_ Phobias\_\_\_\_ Epilepsy\_\_\_\_ Diabetes\_\_\_\_ High blood pressure\_\_\_\_

Asthma\_\_\_\_ Hay fever\_\_\_\_ Heart condition\_\_\_\_ Nose bleeds\_\_\_\_ Fainting\_\_\_\_

Tuberculosis\_\_\_\_ Meningitis\_\_\_\_ Sleep walking\_\_\_\_ Bleeding disorder\_\_\_\_

Blood Disorder (thin blood etc)\_\_\_\_

Other \_\_\_\_\_

***\* If you have any of the above conditions, you will need a doctor's approval to participate in any Aboriginal Youth FIRST Program. All programs at the camp involve strenuous physical activity.***

**Doctor's Approval** (only necessary if participant has a medical condition)

The participant named in this application has been evaluated by me and is able to participate in programs requiring physical exertion and strenuous exercise.

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Understanding of Risk**

I hereby understand that this program involves many activities that could potentially cause injury if undue care by the participant is not taken. I RECOGNIZE AND ACKNOWLEDGE that this camp has inherent risks, hazards and dangers including, but not limited to, the following:

- \*Injuries resulting from the participation of organized leadership activities and group challenges.
- \*Encounters with aggressive or unpredictable animals.
- \*Injuries resulting from the play of competitive organized sports, such as Basketball, Soccer, Tackle Football etc.
- \*Night activities such as capture the flag.
- \*Tripping and falling while playing Laser Tag in a controlled environment.
- \*Participation in the registered courses such as Swimming, Lifesaving, Scuba diving in a pool, and other recreational activities.
- \*Hiking in forested areas which may have dense bush, and contribute to falls on steep or difficult terrain, including, falls from rock, or rough and slippery ground.
- \*Ocean and Lake swimming activities.
- \*Canoeing and Kayaking, where changes in weather may occur suddenly.
- Waterslides.
- \*Accidents involving motor vehicles.
- \*All other risks, hazards and dangers associated with the activities and generally associated with summer camps; all of which risks, hazards and dangers may cause discomfort, damage, injury, loss or death to my person or property.

Understanding these risks I hereby release the Aboriginal Youth FIRST Program, the Camp Staff (LeeAnne Hunsbedt and Allen McNabb), the Camp Instructors, the Province of BC, Lester B Pearson College or 108 Mile Health Ranch, their agents or employees, from any claims arising out of, or in consequence of any loss, injury or damage to the personal property of the youth named below while attending or participating in any program offered by the Aboriginal Youth FIRST Program, not withstanding any such loss, injury or damage that may have arisen by reason of negligence by the Aboriginal Youth FIRST Program, its agents and/or employees.

\_\_\_\_\_  
Parent or Guardian Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Youth and Youth's signature

\_\_\_\_\_  
Date

### **Permission to Administer Medical Treatment or Medication**

As parent(s) or guardian(s) I/we authorize the staff, agents or employees of the Aboriginal Youth FIRST Program to administer first aid, and to seek all necessary medical attention for the youth named in this application in the event the parents/guardian cannot be reached. I also authorize the dispensing of medications that accompany the youth and the dispensing of common over the counter medications that might be needed (i.e. acetaminophen). I/we certify that the youth named in this application is in good health and is capable of participating in activity programs.

\_\_\_\_\_  
Applicant Name (please print) Age

\_\_\_\_\_  
Parent or Guardian (please sign)

\_\_\_\_\_  
Date

### **Photo Permission**

From time to time staff, employees or our agents will be taking photographs that may appear in newspapers, brochures, newsletters, presentations, our web site or on television. The youth in these programs may appear in one or more of these formats. These photos will be used to promote the program so that others may take part.

I authorize the use of photographs of the youth named in this application to be used for these purposes.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_