

Youth Land Based Learning Camp
September 1nd – 7th, 2019 in Norway House Cree Nation



The Lake Winnipeg Indigenous Collective, in partnership with the Lake Winnipeg Foundation, will host a youth camp that will bring together Indigenous youth from around Lake Winnipeg to learn about how the sacred waters provide for cultural, spiritual, and recreational needs of First Nations communities. Youth will have the opportunity to catch and dress fish, enjoy traditional foods and cultural ceremonies, and discover ways to work in their own communities to improve the health of Lake Winnipeg. For those pursuing post-secondary education, the experience will be a helpful addition to a resume.

- Spots available for up to 20 youth in high school (Age 14-18)
- Youth under the age of 18 must have parental consent and be accompanied by a chaperone
- All meals, accommodations, and activities are provided and a portion of mileage costs are covered
- Arrival on September 1nd in the evening, with a campfire and introductions
- Ends September 7th
- Parents and guardians please complete and sign a separate form for each camper.

If you have any questions, please call Rebecca at the Lake Winnipeg Indigenous Collective at 204-956-0436.

Email to rebecca@lwic.org or

Mail to Lake Winnipeg Indigenous Collective, 107-62 Hargrave St., Winnipeg, MB, R3C 1N1

A full agenda will be available by August 23th, 2019.

Camper Information

Full Name _____

Date of birth: (dd/mm/yr) _____ Gender _____

Full Mailing Address _____

Name of First Nation/Status Number _____

Name of Parent or Guardian (P/G) _____

Relationship to Camper _____

Address (if different from camper's address) _____

P/G Home phone _____ P/G Cell phone _____

P/G Work phone _____ P/G Email _____

If you are under 18, you must have a parent or guardian designate a Chaperone to attend with you.

Emergency contact information

Best number to contact the parent/guardian **in an emergency**: Home Cell Work

Name of alternate contact _____ Relationship to camper _____

Alternate Home phone _____ Alternate Cell phone _____

Alternate Work phone _____ Best number: Home Cell Work

Camper Medical Information

When completed, this form will be kept confidential. It will be used by the Program Coordinator, Director, emergency responders, healthcare providers, and camp staff, solely on a “need-to-know” basis.

Camper’s Name _____

Does the camper have any existing **medical conditions** that you would like to share with us (e.g. diabetes, asthma, hearing or sight impairment)? Yes No

If yes, please describe: _____

Is the camper taking any **medications that s/he will bring to camp**? Yes No

If yes, please bring a list and give to director upon arrival.

Does the camper have any significant **allergies** (e.g. medications, latex, or food)? Yes No

If yes, please describe: _____

Is there any other medical information we should have about your camper that will help us to ensure her/his safety and wellbeing while at Camp or in the case of emergency? Yes No

If yes, please explain: _____

Family physician name and phone number (optional) _____

Health Card number or other health insurance information (optional) _____

NOTE: Your designated chaperone will be solely responsible for your child through out the duration of the camp.

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Name of Chaperone: _____ M () F ()

Allergies, dietary or medical concerns: _____

Name of First Nation: _____

Phone # _____

E-mail _____

Arrival and Departure from Camp

Travel bursaries:

LWIC will be providing travel bursaries to support travel costs.

- I am requesting to be added to the travel bursary support list

Please indicate who the travel bursary should be made out to: _____

If you are from a remote community accessible only by plane, LWIC will subsidize part of the flight costs depending on the funds available.

Food and Accommodation

Does your camper have food allergies or sensitivities?

Yes No

If yes, please provide details. Be sure to note the **severity** of the allergies

Food Allergies _____

Food Sensitivities _____

All meals from breakfast on Monday to breakfast on Saturday will be provided by the camp. All accommodation is in shared tents at the camp in Sea Falls and Molson Lake. You will need to provide your own bedding, sleeping bag, pillow, fishing rod and lawn chair. There is enough room for you to bring your own tent as well. There will be a few extra rods for those that don't have any. You are encouraged to bring non-perishable food/snack of your choice, as the meals will primarily be traditional foods.

General Camper information

Is this the camper's first time attending a Land based camp?

Yes No

If yes, how did the camper hear about camp? _____

If no, when did your camper last attend camp? _____

Signed Consent, Agreement, and Waivers

1. Consent to treatment

In case of medical emergencies, I hereby give permission to the physician selected by the LWIC Program Coordinator/Director to provide appropriate medical treatment including hospitalization, medications, or surgery. I will assume responsibility for the fees associated with any medical treatment or prescribed medications.

Signature of Parent/Guardian _____ Date _____

2. Participation agreement

I agree to act in a respectful manner at the LWIC Land Based Youth Camp. I will not bring to Camp any weapon, any illegal drugs, or alcohol. Also, personal electronic devices (cell phones, tablets, mp3 players, personal game consoles, computers, etc.) are not desired at LWIC Land Based Youth Camp. There is a chance they might be damaged. LWIC Staff share no responsibility in lost or damaged electronic devices.

We have read and agree to the Participation Agreement

My camper has permission to be transported in a private car driven by an adult chaperone named in this form.
Yes No

Signature of Parent/Guardian _____ Date _____

3. Waiver: Hold Harmless Agreement

I _____ am the parent or guardian of _____ who is a camper at the Land Based Youth Camp of Lake Winnipeg Indigenous Collective during the dates: _____. I agree to hold harmless the Land Based Youth Camp, Lake Winnipeg Indigenous Collective, Lakē Winnipeg Foundation, its insurers, and its agents and volunteers in its camping programs, against any expense relating to a claim for injury or loss to my child or myself through any of them, unless caused by their intentional act. I make this agreement willingly on behalf of myself and my child or anyone who could claim damages on my child's behalf.

Signature of Parent/Guardian _____ Date _____

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4. Keeping in touch

Lake Winnipeg Indigenous Collective and Lake Winnipeg Foundation occasionally sends newsletters containing notices of upcoming camp sessions, events and other information. To do this we will retain your postal and e-mail addresses. This address information will never be conveyed to, or used by, any party other than Lake Winnipeg Indigenous Collective and Lake Winnipeg Foundation. You may unsubscribe from our list at any time.

I would like to receive newsletters from Lake Winnipeg Indigenous Collective Yes No

Camper's email address (optional) _____

5. Lake Winnipeg Foundation photography and media release

Lake Winnipeg Foundation and Lake Winnipeg Indigenous Collective will occasionally take photographs, and videos throughout the season for promotional purposes in print, on our website, or on our social media accounts. When you sign this registration, you are confirming that you have the authority to agree to the publication of these materials on behalf of the camper you are registering. Your signature indicates that you release Lake Winnipeg Indigenous Collective and Lake Winnipeg Foundation and its employees and representatives from any claims, demands, expenses, causes of action and for liability in any way related to the collection and use of testimonials and images. Please note that Lake Winnipeg Foundation and Lake Winnipeg Indigenous Collective cannot control the use of media by other campers. This agreement is binding for all visits to Land Based Youth Camp. A signature from a parent or guardian is required for those under 18 years of age.

I have read and agree to the Photography and Media Release

6. Completion

I have read this registration form in its entirety and completed it with accurate information. I understand that in the event I have questions, I may contact the Program Coordinator/Director directly.

Signature of Parent/Guardian _____ Date _____

I have read this registration form in its entirety.

Signature of Camper _____ Date _____

Please return this form below by August 16th, 2019 to secure your participation.