Event Registration Form
Entrepreneur Youth Camp

August 15-19, 2016

Youth 13-18 years old
Kings Valley Camp

Privacy Act: The personal information collected with this form is used by the Aboriginal Business Centre to ensure the safety and well-being of all participants at the Youth Camp. We may need to contact your guardian to clarify or ask questions about things you put in this form so we can determine what kind of support you may need. This information will not be shared with individual or other organizations.

Important: Leaving any question blank is not an option. If any question is blank, the registration form will be considered incomplete and will not be accepted for approval. Filling out this application form does not guarantee approval to attend any events.

Participant Contact Information

First Name:_____ Last Name:_____

Birthdate:_____ Age:_____ Gender: M__F__

Address:_____

City:_____Province:_____ Postal Code:_____

Phone Number:_____Cell:_____Email:_____

Which is the best method of contact? Phone___ Cell____Email____Facebook___Other_____

Emergency Contact

First Name:_____ Last Name:_____

Relation:_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Phone Number:_____ Cell:_____ Email:_____

Health Information

Care Card Number:_____ Dr Name:_____

Do you have any dietary restrictions? Yes No If so what kind?_____

Do you have any allergies? Yes No Please specify:_____

Do you take medications? Yes No Please specify:_____

Do you have medcal/health conditions? If yes please check the box

Asthma__ Epilepsy__ HIV/AIDS__ Diabetes__ Hepatitis A/B__

Addictions__ Heart Disease__ Hepatitis C__ Are you pregnant__

Any other not mentioned_____

Do you have any Mental Health Conditions? Check mark boxes that apply

Attention Deficit__ Anxiety Disorder__ Schizophrenia__ Self Harm__

Depression__ Obsessive Compulsive __ Fetal Alcohol__ Anger issues__

Other we may not have listed: _____

Guardian Signature to Verify above info is correct:_____

Have you been convicted of a criminal offence? Yes No

If yes please describe:_____

Guardian Signature to Verify above information is correct:_____

Code of Conduct:

- No Alcohol or Drugs
- No Sexual Intimacy – you cannot go in another cabin you were not assigned to
- No Weapons
- No Violence – you will be asked to leave we have zero tolerance for this behaviour
- No Disrespect
- No leaving the event or site
- No Cliquing – be kind, never exclude any participants from groups or activities

Please note: breaking any rude under the Code of Conduct will result in the participant not being invited to attend the next networking event.

Photo Consent

During events and activities hosted by the Northeast Aboriginal Business Centre we will be taking photos that include the facilitators, elders and young people. We will use these photos for reporting as well as brochures and websites.

Consent: I hereby give the NEABC authorization the right and permission to use and or publish photographs of me in promotional material. I hereby waive any right to inspect or approve the finish and publicized photographs. Signing the form will be deemed as consent with the above. A parent or guardian must sign the release for if the individual is under the age of 19 years old.

Participant Signature: _____Guardian Signature: _____

Waiver of Claims and Assumption of Risk Form

In this agreement, the terms Entrepreneur Youth Camp Program refers to a wide range of outdoor activities that may include any combination of the following: camping, day hiking, multiday backpacking in mountainous terrain in all weather, canoe instruction or expeditions on flat or moving water, swimming, river crossing, team building and group initiative activities, active games outdoor leadership and wilderness training, challenge courses, participation in a range of cultural practices, traveling in vehicles, boats or on horses, camp chores and other outdoor activities carried out in remote wilderness areas.

I am aware that there are certain risks in inherent in my child's participation in these activates some of which include:

- Weather- extreme weather conditions or sudden changes may be experienced
- Illness or injury – whether pre-existing or sustained during the program and the potential lack of accessible or effective medical care;
- Remote terrain – including the possibility of becoming separate from staff and other participants;
- Hazardous terrain – including steep, uneven, slippery terrain, slips and falls contribute to any outdoor activities
- Dangerous encounters – including animals such as bears, moose and wolves as well as insects and poisonous plants
- Water – rivers and lakes have many hazards which can include rapid level changes, cold or fast moving water, man-made and natural objects in the water, rapids and high waves
- Falling objects – encountered while in mountainous and forested terrain, including rock fall and avalanche
- Transportation – may include travelling in road vehicles, quad or leisure vehicles, boats both motorized and rowing, rafts and horseback
- Equipment failure and usage – of any kind with various equipment such as fire sticks, vehicles and kitchen appliances
- Conduct of people – including negligence and errors of judgement and the conduct of staff, visitors, guest speakers, land owners and other participants.

As a parent/guardian, I believe that my child's participation in the NEABC Entrepreneur Youth Camp program and this parental agreement form are, on the whole, beneficiary to my child. I agree to hold harmless and indemnify the NEABC Youth Camp Program and its Personnel for all and any loss, damage, expense or personal injury (including death) experienced by my child as a result of my decision to enroll my child in the NEABC Youth Entrepreneur Camp Program.

I have carefully read and understand this rom and sign this ___day of _____, 2016 in the presence of:

_____ _____

Name of Parent/Guardian Signature of Parent/Guardian

_____ _____

Name of Witness Signature of Witness

Thursday August 18, 2016 we will be having the presentation as well as a feast. Please let us know if you are wanting to bring one or two family members. ___ One ____Two ____None

**Friday is a pack up and fun day you can leave with family after presentation if you choose to do so.*

Please allow us to know a little about you and what you would like to see and achieve during the week at camp.

Interests: (check all that apply)

__Painting	__Carpentry	__Yoga	__Horseback riding
__Dreamcatchers	__TeePee Lamps	__Canoeing	__Archery
__Picking Medicine		__Volleyball	__Idea you may have: _____
		__Baseball	__Idea you may have: _____

If you have any other ideas you would like to bring forward please share with us:

_____

_____

Please tell us why you want to participate in the Youth Entrepreneur Camp. Attached is lined sheet to continue if you need more space to write.

_____

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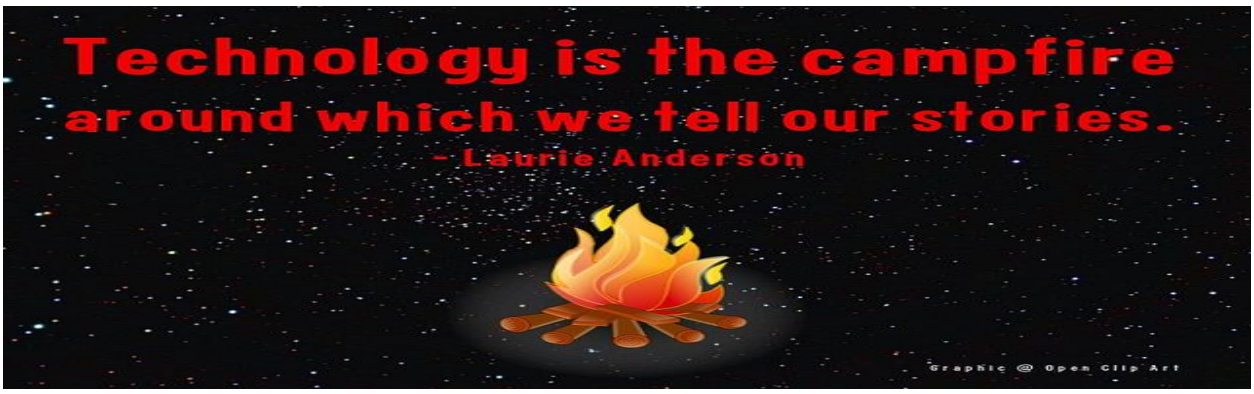
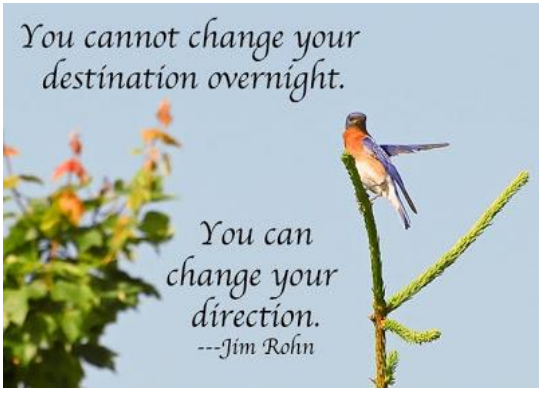
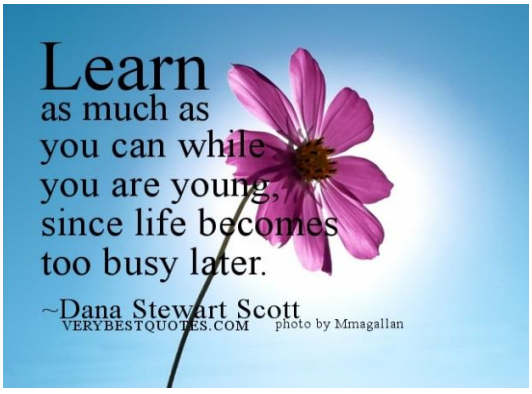
We hope you are as excited about this week adventure as we are!



ABORIGINAL BUSINESS CENTRE

Please see attached sheet for camp list supplies needed ☺





Camp List Supplies

Bedding

___Sleeping Bag

___Sleeping pad/foamy

___Headrest/pillow

Clothes

___T-shirts

___shorts

___jeans/pants

___socks

___shoes/boots

___camp shoes

___hat/cap

___sweater/coat

___rain poncho

___underwear

___swim suits

___laundry bag

Personal Hygiene

___toothbrush

___tooth paste

___hand towel

___towels for shower

___soap

___comb/brush

___shaving needs

___toiletries

Misc. Items Recommended

___binoculars

___bug spray

___camera

___cards, games

___compass

___fishing gear

___flashlight

___pen and paper/journal

___shower bag

___sunblock

___sunglasses

First Aid

___personal medication

Things to Remember:

All items are your responsibility and note there is no cell service.

Have enough clothing for 4 days.

Please bring your guitar if you have one be nice for the camp fires ☺