CAMP CONNECTIONS 2020 REGISTRATION FORM

Foster Family Coalition of the NWT

5125 50th Street,

Yellowknife, NT. X1A 1S2

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Scan & Email or Fax this completed form to the contact info above. You will be contacted to confirm a campers spot shortly after registration

Camp Connections is intended to provide a positive, leadership based opportunity designed to meet the needs of children and youth between the ages of 7 and 18 who are involved with social services or living in foster homes. Children and youth in the NWT deserve a chance to just be kids and also to gain valuable life skills in a closely supervised rich cultural setting.

Sessions are 7 days in length and campers are bused from Yellowknife to our beautiful facilities located 57 kms northeast of Yellowknife on the Ingraham Trail. Camp is very rustic with no electricity or running water. Camp consists of a number of cabins for sleeping and a cookhouse for meal times and large group activities. Our programming:

- Is age appropriate and camper/ staff ratio is 4 to 1
- Encourages and empowers campers to learn new skills, and challenge themselves
- Includes activities such as hiking, swimming, games, arts and crafts, canoeing, teachings from Elders, and visits from guest artists, Wildlife Officers and other community professionals
- Is based on the themes "I am Capable, Loveable, Trustworthy, Important, Powerful, Valuable and Helpful"
- Is designed to meet the needs of at risk youth.

We encourage campers to participate in the programming but also offer alternative programming for those who choose otherwise. The FFC---NWT wants to make sure that all campers have a worry free fun time at Camp Connections!

ALL DETAILS MUST BE COMPLETED IN ORDER TO BE REGISTERED						
Is this the child's first visit to Camp Connections? Yes No Community:						
Camper Info:						
Full Name: Identified Gender:						
Date of Birth: (mm/dd/yyyy) / / Age at time of camp:						
Health Card # Cultural heritage: (i.e. Dene, Inuit, etc.)						
Caregiver Info:						
Caregiver Name: Phone Number:						
Relationship to Camper: (ie. Birth parent, foster parent, Extended Family)						
Address: Email:						
Emergency Contact Name:						
Phone #:						
Who is Responsible for the \$250.00 Registration fee?						

Social Worker Info (If applicable):			
Social Worker:	Phone:		
On call phone:	 Email:		- -
Does this camper have an allergy? Yes If so, what	No		
Is the camper taking prescribed medication? packed by the pharmacy.	Yes No	If Yes, please ensure that it is	blister
Medication Type:			
Time of use (please include Morning/Evening	g/Lunch and the sp	pecific time e.g 8:00pm):	
Behavourial Information – Please tell with suggestions on how to manage them. Ev			np
Please also include any specific likes/dislikes Feel free to use the additional space provid	s, fears, bedtime ha	abits and/or routines that we should his document.	d know about.
Does this camper have a diagnosis? You will be		- child when they arrive at Camp Connections.	
If yes, please state below:			

Camp Dates Selection - Please number from 1-3 your preference in camp dates

1 st & 2 nd Choice	Session	Start Date	End Date	Program Description
1111	#1	June 29	July 5	Youth Camp for children ages 7-11
1777	#2	July 10	July 16	Teen Camp for children ages 12 to 14
	#3	July 21	July 27	Youth Camp for children ages 7-11
	#4	August 1	August 7	Teen Camp for children ages 12 to 18
1555	#5	August 12	August 18	Youth Camp for children ages 7-11

Guardian Consent General Disclaimer & Waiver
I/We, am/are the legal guardian of
 Social Worker / Parent(s) child's full name I/We authorize the camper named above to attend Camp Connections. I/We authorize Camp Connections' staff to perform CPR or minor first aid treatment if required as staff deem neccessary. I/We will not hold Camp Connections responsible for any lost or stolen items, or hold Camp Connections liable in the event of any accident, injury or death
 I/We give permission for camp staff to administer prescribed medications.
• I/We understand that the summer camps include activities such as hiking, canoeing, riding in boats, fishing, hunting/trapping and other associated activities such as lifting and carrying gear and other outdoor activities.
 I/We ASSUME AND ACCEPT, without limitation, all risks and dangers associated with my son/daughter/ward's participation in Camp Connections.
In the event of an emergency, campers will be transported to Stanton Territorial Hospital and the on call social worker as well as the foster parents or legal guardian will be notified immediately.
 The Foster Family Coalition of the NWT reserve the right to decide whether we are able to provide a positive experience for potential campers of Camp Connections.
 Although camp staff are trained to meet the needs of at risk youth, they are not certified counselors or social workers and can only effectively deal with minor behavioural issues and/or physical disabilities
• If circumstances arise during camp that prevent staff from being able adequately meet a camper's emotional or physical needs or the needs of other campers due to behaviours of the camper, we will be required to make arrangements for the camper to return home at the expense of the guardian.
• If a camper's items are left behind, they can be shipped at your request and expense.
 We are responsible for infections or medical conditions that spread while at camp, however we do our best to maintain optimal health and safety of all campers. We expect all campers to be free of head lice or otherwise infections, a head check must be performed prior to the arrival of the camper. If lice are evident upon arrival, you will be charged for the treatment of these lice.
• Camp Connections has a ZERO tolerance policy for drugs and alcohol. A bag check will be performed by the guardian at drop off with the camp staff prior to leaving for Camp.
 Campers are not allowed to have electronics during camp, if they bring them to camp they will be held by camp staff and campers will only be allowed to use them during rest hour. The Registration fee is \$250.00.
Cancellations need to be 7 days prior to the session for camp or you will be invoiced for any and all costs that are associated with bringing a camper to camp even if the child/youth does not attend.
Print Name of Legal Guardian Signature Date
Camper Consent
I, agree to attend and participate at Camp Connections. I will leave all valuables, money and electronics (computer, cell phone, iPod) at home. I also agree to have lots and lots of fun!!!
Name: Date:
Signature