



Northern Youth Leadership- 2017 Summer Camp Application

Form completion instructions:

1. Complete all pages of this application.
2. Submit by **Wednesday May 24, 2017** by email, fax, mail or in person delivery.
3. Potential campers, please have your parent or guardian help you fill this form out.

*Applications received after May 24th may be accepted if there is still space in the camps.

Send completed forms to:

Northern Youth Leadership
PO Box 2392
#205- 5006 50th Avenue
Yellowknife, NT
X1A 2P8

ATTENTION: Ali McConnell
Fax: 1-866-972-0355
Phone: 1-867-445-4558
Email: director@northernyouth.ca

Camp Application Considerations:

1. Deadline to apply to participate is Wednesday May 24, 2017.
 - a. Spaces are limited, submitting this application does not guarantee placement. Campers will be chosen and notified after June 1, 2017.
2. Once you are chosen for camp, we will contact you regarding payment and travel planning.
 - a. Camp fee: \$250
 - b. Financial support is available to cover camper fees.
 - c. Fee includes travel to and from the camper's home community. Campers who live within driving distance of the camp will be asked to drive or carpool to reduce costs.
3. Please contact Ali at the phone number or email above if you have any questions or need help completing this form.

Northern Youth Leadership strives to inspire a generation of courageous young northern leaders and is a project of Tides Canada Initiatives (TCI). TCI is a shared platform providing governance, human resources, financial and grant management.

Northern Youth Leadership is an inclusive program and believes in the right of every youth to self identify.

NYL would like to thank our generous donors and supporters:

**Government of the Northwest Territories
NWT On the Land Collaborative
Dominion Diamond
First Air
Ecole William McDonald School**

**Gana River Outfitters
Association of Mackenzie Mountain Outfitters
United Way
100 Men who Give a Damn YK**

Part A: Camper Information

NAME OF CAMPER: _____

Age (as of June 1, 2017) _____ Birthdate dd/mm/yy: _____

Grade: _____ Community: _____

Parent/Guardian Name: _____

Address: _____

Phone Number Home: _____

Phone Number Work: _____

Email: _____

Emergency Contact Name: _____

Relationship _____

Telephone _____

***Please list two different individuals and phone numbers under parent/guardian and emergency contact. This ensures NYL has 2 numbers to try if they need to contact someone on behalf of the youth.**

Camper NWT Health Card # _____

Family Doctor Name and Clinic: _____

Camp Preference (camp dates may vary slightly):

Gana River Girls Leadership Camp for ages 11 – 13 June 26 – July 3, 2017

Boys Advanced Leadership Canoe Trip for ages 13 – 16 July 22 – July 31, 2017

Girls Advanced Leadership Canoe Trip for ages 13 – 16 August 19 – August 26, 2017

Part B: Camper Questionnaire

1. Why do you want to come to this camp?

2. Who is a leader that inspires you and why? (A friend, community leader, teacher etc.).

3. What are three things the camp leaders should know about you? (Things you like/dislike, things that make you unique, things you do in your spare time, how to help you when you are upset, things you are worried about etc.)

Camp Rules:

1. No fires in camp except as allowed by camp leaders in designated areas.
2. No drugs or alcoholic beverages permitted.
3. No smoking at camp.
4. Campers are not permitted to be unsupervised at the waterfront.
5. No bare feet in camp.
6. Quiet time is from 10:00 pm to 8:00 am. Campers should be considerate of fellow campers and leaders.
7. All accidents should be reported to the camp leaders. For assistance in an emergency, always find a leader immediately.
8. Campers may not bring any additional food or snacks to camp. All food will be provided by Northern Youth Leadership.
9. Campers are asked to leave all technology at home including iPads, iPods and cellphones.

I understand the camp rules and am aware that if I break the camp rules I may be sent home.

Signed _____ (camper)

Part C: Parent / Guardian Consent and Waiver

I hereby grant permission for my son/ ward (Name) _____
to participate in the Northern Youth Fall Camp.

If I cannot be readily contacted in an urgent situation I hereby authorize Northern Youth Leadership personnel to provide or cause to be provided any medical services that Northern Youth Leadership or medical personnel consider appropriate.

Northern Youth Leadership reserves the right to refuse further participation to any participant for inappropriate behavior. I understand that if my son/daughter/ward breaks the camp rules or acts inappropriately they may be sent home at my expense.

By signing this consent, I agree to allow Northern Youth Leadership and Tides Canada Initiatives Society to reproduce the likeness of my child (photo, video, etc) in promotional materials or publications.

I understand that the summer camps include activities such as hiking, canoeing, riding in boats, fishing, hunting/trapping, swimming, and other associated activities such as lifting and carrying gear and other outdoor activities, which involve certain dangers, not all of which can be listed here. Among the more obvious and frequent of those dangers are:

- Exposure to extremes in weather that may cause injury due to sun or cold, and which may prevent or force itinerary and schedule changes.
- Over-exertion injuries resulting from physical demands.
- Contact with and possible immersion in cold water for undetermined periods, leading to hypothermia and possible suffocation and/or drowning.
- Malfunction or failure of equipment.
- Exposure to, or contact with, dangerous environmental factors including but not limited to: wild animals, falling and rolling rock, blizzards, high winds, and other unpredictable forces of nature.
- Transport by public or private motor vehicles, boats, canoes or planes.
- Travel in remote locations with poor communications and inability to get rescue or medical assistance easily or quickly.
- Use of camp tools including but not limited to knives, hide scrapers and axes.

Notwithstanding the preceding, I ASSUME AND ACCEPT, without limitation, all risks and dangers associated with my son/daughter/ward's participation in the Northern Youth summer camp.

I AGREE TO HOLD HARMLESS AND INDEMNIFY, TIDES CANADA INITIATIVES SOCIETY, TIDES CANADA FOUNDATION, its regents, officers, employees, Board Members, agents and volunteers from any and all liability for any damage to the property of, or personal injury to, any third party, including NEGLIGENCE, BREACH OF CONTRACT AND BREACH OF ANY STATUTORY DUTY OR OTHER DUTY, on the part of the TIDES

CANADA INITIATIVES SOCIETY or otherwise, resulting from my child's participation in the Camp.

I AGREE TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the Tides Canada Initiatives Society, its regents, officers, employees, Board Members, agents and volunteers.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST TIDES CANADA INITIATIVES SOCIETY.

Name (Printed): _____

Signed this _____ day of _____, 2017.

Signature of Parent /Guardian

Witness Signature*

***Please make sure a witness also signs here.**

Part D: Camper Health and Safety Form (Confidential)

TO BE COMPLETED BY PARENT/GUARDIAN

This camp involves camping in wilderness environments. The area is remote where evacuation to modern medical facilities may take hours or even a day.

Weather conditions can be extreme. Prolonged storms, high winds, extreme cold temperatures are possible.

Physical demands on the applicant include lifting and carrying equipment weighing up to 50 lbs over uneven terrain such as snow, rocks, fallen logs, or slippery surfaces as well as hiking in differing terrain.

While participating in the camp, students will sleep outdoors in tents/cabins with wood stoves, experience long physically demanding days, auger for water, collect, gather and chop wood for fires, set up camp and prepare meals. Each participant is expected to take good care of him/herself.

The camp is not a rehabilitation program. It is not the place to quit smoking, drinking or drugs or to work through behavioral or psychological problems.

The participant should be in good physical condition and an enthusiastic mental attitude is a necessity.

In the interest of the personal safety of both the applicant and the other camp members, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a participant's enrollment. If we have any question on the participant's capacity to successfully complete the camp we will call to discuss it.

Camper Name: _____

Date of Birth (DD/MM/YY): _____

Height: _____

Weight: _____

Jacket size: _____

Please indicate if the camper has the following clothing/gear. Please notify Ali McConnell as soon as possible if any items are missing so that other arrangements can be made.

- Sleeping bag (Rated to at least -15°C)
- Waterproof jacket and pants

Immunization History

(Must abide by NWT Immunization requirements)

DPT/ Tetanus: _____

Polio: _____

Measles: _____

German Measles: _____

Mumps: _____

*Please initial beside the vaccines that your child/ward is up to date on. You do not need to provide their immunization record.

Health History

Detail any allergies, including to any medication (aspirin, penicillin, sulfa, etc.)?

Does your child have a seizure disorder (epilepsy)? Yes No

If yes please describe in more detail:

Does your child have diabetes adult or juvenile? Yes No

Has your child ever had the following diseases?

- Heart Disease: Yes No
- Lung Disease: Yes No
- Kidney Disease: Yes No
- Liver Disease: Yes No

Does your child have asthma? Yes No

Does your child wear glasses or contact lenses? Yes No

Detail any physical conditions which cause pain? Describe:

Describe any operations or serious injuries (include dates):

Describe any chronic or recurring illness:

Describe any special dietary needs and/or foods that cause your child to feel sick:

List Current Medications and dosages:

Please provide specific dosage instructions IF your child will be taking medications while at camp. All medications must be given to the Field Instructors upon arrival at camp and will be given to your child as per your instructions. **If your child suffers from asthma, please send two inhalers with them to camp.**

Is your daughter menstruating? ___ Yes No

If so, is her menstrual history normal? Special considerations?

Can Northern Youth Leadership Staff give your child Tylenol (acetaminophen), Advil (ibuprofen) or Benadryl? Yes No

Do you have any concerns related to your child's emotional/mental health? Yes No
If yes, please describe:

Is there anything else that camp staff should know about your child, including any food preferences your child has? Camp staff will try to accommodate food preferences as much as possible.

IMPORTANT: Please notify the camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

Northern Youth Leadership provides limited insurance coverage for accidents and for illness incurred while attending camp. It is the responsibility of every camper's parent or legal guardian to provide for the campers own accident and health coverage beyond the limits of the camp coverage.

In the event of a situation requiring medical attention, I hereby give permission to the physician selected by the Project Director to order X- rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Project Director to hospitalize, secure proper treatment for, and to order injections and/ or anesthesia and/or surgery for my child as named above.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities as noted by me and examining physician.

Name of Parent/Guardian: _____

Signature _____

Date _____

Payment Details

Camp registration is \$250, and must be paid upon confirmation that your child has been accepted to camp. Please check your preferred method of payment:

- Cash
- Cheque: If you are paying by cheque please make it payable to Tides Canada Initiatives - Northern Youth Leadership and indicate the camp you are registering for in the memo line.
- Credit Card: If you are paying by credit card, please complete the attached form or call 1-866-843-3722 extension 1 between 9am and 5pm Pacific Time to speak with the Revenue Coordinator
- I cannot pay the registration fee and would like to be considered for financial support

Once your payment has been received a confirmation will be sent to you. Travel details and specific camp information will follow soon thereafter.

Financial support is available to cover camp fees.

If you are unable to make a payment, please contact Alison at (867) 445-4558 or director@northernyouth.ca to discuss alternatives.