



OGIMAWAABIITONG

Youth and Family Wellness Camp

Day Camp Registration Form

The KCA Youth & Family Wellness Camp unites the children and youth that make up Kenora Chiefs Advisory both on and off reserve. The KCA Youth & Family Wellness Day Camp offers children opportunities to learn more about and participate in cultural teachings, a variety of sports, arts & crafts, swimming, outdoor education, working with the horses and farm, leadership activities, and other land based activities that will foster relationships from neighbouring communities. Daily transportation will be provided, and campers will travel with Camp Counsellors. The KCA Youth & Family Wellness Camp will provide an amazing opportunity for campers between the age of 6-15 and will be supported by a large team of caring adults on site. Day Camp will be Monday to Friday, and will be offered weekly;

- Week 1: July 8 – 12
- Week 2: July 15 – 19
- Week 3: July 22 – 26
- Week 4: July 29 – August 2

Please take a couple of minutes to complete this form and return to KCA Youth & Family Wellness Camp staff (wellness.camp@kenorachiefs.org) by **JULY 5TH** for your camper to participate.

CAMP LOCATION

KCA Youth & Family Wellness Camp
371 Strecker Road, Kenora, ON P9N 4N8

FURTHER INFORMATION

Contact the staff @ KCA Youth & Family Wellness Camp
wellness.camp@kenorachiefs.org

STEP ONE

Fill out forms and have it signed by a parent or guardian and submit during registration

STEP TWO

If you miss us in community:

- Take a photo of pages 3 & 4 email send to

OR

- Scan pages 3 & 4 and email to

wellness.camp@kenorachiefs.org

BUS PICKUP / DROP OFF LOCATIONS

BUS 1			
<u>Community</u>	<u>Pick up Location</u>	<u>Pick up Time</u>	<u>Drop off Time</u>
Washagamis Bay	The Teaching Lodge	8:00 AM – 8:15 AM	4:45PM
Kenora	7 Generations School	8:45 AM – 9:00 AM	4:10PM
BUS 2			
<u>Community</u>	<u>Pickup Location</u>	<u>Pick up Time</u>	<u>Drop off Time</u>
Niisaachewan	The Band Office	8:00 AM – 8:15 AM	4:45PM
Wauzhushk Onigum	The CDC Building	8:45 AM – 9:00 AM	4:10PM
BUS 3			
<u>Community</u>	<u>Pickup Location</u>	<u>Pick up Time</u>	<u>Drop off Time</u>
Naotkamegwanning First Nation	Baibombeh School	7:45 AM – 8:00 AM	5:00PM
Dog Paw First Nation (NWA 33)	The Community Hall	8:15 AM – 8:30 AM	4:45PM

Daily pick up and drop off will take place by school bus at the set pick up times each day of camp, daily at the following locations:

*** BUS WILL ONLY WAIT FOR 15 MINUTES IN ORDER TO STAY ON SCHEDULE***

DROP OFF TIMES MAY VARY A FEW MINUTES

KCA YOUTH & FAMILY WELLNESS DAY CAMP REGISTRATION 2024

Please fill out the form below so we can properly book your travel and secure your spot at the upcoming camp

Camper Name (as shown on ID):	Preferred Name:	
Date of Birth:	Age:	
Home Phone:	Home Address:	
Do you require transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>	Health Card Number:	
What size of T Shirt? Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/>		
What week(s) were you planning on attending day camp? July 8 th – 12 th <input type="checkbox"/> July 15 th – 19 th <input type="checkbox"/> July 22 nd – 26 th <input type="checkbox"/> July 29 th – August 2 nd <input type="checkbox"/>	Name one camper that you would like to be in a group with?	
What community are you from and requiring pick up		
Washagamis Bay <input type="checkbox"/> (The Teaching Lodge)	Niisaachewan <input type="checkbox"/> (Band Office)	Wauzhushk Onigum <input type="checkbox"/> (CDC Building)
Dog Paw (NW33) <input type="checkbox"/> (Community Hall)	Naotkamegwanning <input type="checkbox"/> (Baibombeh School)	Kenora <input type="checkbox"/> (7 Generations School)
SPECIAL MEDICAL CONCERNS (list any allergies, medications, injury, conditions or medical issues we should know about):		
Dietary Restrictions:		
Parent or Guardian Full Name:		
Parent or Guardian Phone Number AND Email:		
Phone:	Email:	
EMERGENCY CONTACT (PLEASE TRY TO ADD ANOTHER PERSON THAN LISTED ABOVE)		
Phone:	Email:	

KCA Youth & Family Wellness Camp Waiver 2024

KCA has zero tolerance for violence, drugs or alcohol. Anyone found engaging in such activities will be immediately sent home at their own expense, or the expense of their family.

1. While at the Youth Champion Retreat there will be no smoking unless of legal age, in which case you may only smoke in designated areas.
2. There is no leaving the campground at any time during the summer camp. If there is an emergency and a camper participant has to leave the site, they must be accompanied by a parent/guardian or a staff member.

Parent Signature:	Date:
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Photo and Research Consent

KCA request permission to use, copy or display child's name, photograph, or video recorded image for KCA and official partners reports, advertisements, websites, news releases, brochures, pamphlets or other: PLEASE CHECK THE FOLLOWING THAT APPLY:

- Yes, I grant permission to KCA and their official partners to use my child's photo or video recorded images.
- No, please don't use my child's photo or video recordings.

Parent Signature:	Date:
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Risk Waiver/ Authorization

I understand that, in all summer camp activities, there is a risk of physical injury and potential damage to property. I hereby give my consent for my child _____ (Check boxes below)
(PRINT CHILD'S NAME)

- Upon registration of my child at KCA Youth & Family Wellness Camp, I permit my child to participate in a full range of activities.
- To receive onsite first aid, from a nurse or paramedic, or first aid responder which may be required.
- I further agree not to hold KCA or anyone acting of its behalf, responsible for any injury occurring to the named participant during KCA Youth and Family Wellness Camp activities.
- I authorize KCA staff and their appointee in the event of an accident or illness affecting the above-named participant; to authorize on my behalf all procedure, including admission to hospital and necessary treatment they're in, as he/she/they may deem essential for the care and well-being of the participant. Such action shall be taken only when immediate contact with the undersigned cannot be made.
- I give permission for my child to walk home from the designated drop off location upon return home from camp

Parent Signature:	Date:
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