



OGIMAWAABIITONG

Youth and Family Wellness Camp

Overnight 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. 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 8-15 and will be supported by a large team of caring adults on site.

Week 1: Monday August 12 - Thursday August 15

Week 2: Monday August 19 - Thursday August 22

Please take a couple of minutes to complete this form and return to KCA Youth & Family Wellness Camp staff (wellness.camp@kenorachiefs.org) by **AUGUST 3RD** for your camper to participate.

Please note that no late forms will be accepted.

CAMP LOCATION

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

OUTREACH

Staff will be coming out to communities the week of June 10-14 to engage with youth and give information about the day camp

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 send to
- OR
- Scan and email pages 3 & 4 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> MONDAY	<u>Drop off Time</u> THURSDAY
Wabseemoong	Mizhakiwetung Memorial School	8:00 AM – 8:15 AM	5:30 PM*
BUS 2			
<u>Community</u>	<u>Pickup Location</u>	<u>Pick up Time</u> MONDAY	<u>Drop off Time</u> THURSDAY
Grassy Narrows	Sakasheway Anishinabe School	8:00 AM – 8:15	5:00 PM*
BUS 3			
<u>Community</u>	<u>Pickup Location</u>	<u>Pick up Time</u> MONDAY	<u>Drop off Time</u> THURSDAY
Shoal Lake 40	Harvey Redsky Memorial School	8:00 AM – 8:15 AM	5:00 PM*
BUS 4			
<u>Community</u>	<u>Pickup Location</u>	<u>Pick up Time</u> MONDAY	<u>Drop off Time</u> THURSDAY
Naotkamegwanning	Baibombeh School	7:45 AM – 8:00 AM	5:00 PM*
Dog Paw (NWA 33)	The Community Hall	8:15 AM – 8:30 AM	4:45 PM*
BUS 5			
<u>Community</u>	<u>Pickup Location</u>	<u>Pick up Time</u> MONDAY	<u>Drop off Time</u> THURSDAY
NWA 33 Inlet	Kenora Rec Center	8:45 AM – 9:00 AM	4:00 PM*

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

NWA 33 INLET WILL REQUIRE A BOAT RIDE TO THE KENORA REC CENTER

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 weeks were you planning on attending overnight camp? August 12 th – 15 th <input type="checkbox"/> August 19 th – 22 nd <input type="checkbox"/>	Name one camper that you would like to be in a group with?						
What community are you from / requiring pick up from? <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">Grassy Narrows <input type="checkbox"/> (Sakasheway Anishinabe School)</td> <td style="width: 33%; padding: 5px;">Wabseemoong <input type="checkbox"/> (Mizhakiwetung Memorial School)</td> <td style="width: 33%; padding: 5px;">Dog Paw (NW33) <input type="checkbox"/> (Community Hall)</td> </tr> <tr> <td style="padding: 5px;">Shoal Lake 40 <input type="checkbox"/> (Harvey Redsky Memorial School)</td> <td style="padding: 5px;">Naotkamegwaning <input type="checkbox"/> (Baibombeh School)</td> <td style="padding: 5px;">NWA 33 Inlet <input type="checkbox"/> (Kenora Rec Center)</td> </tr> </table>		Grassy Narrows <input type="checkbox"/> (Sakasheway Anishinabe School)	Wabseemoong <input type="checkbox"/> (Mizhakiwetung Memorial School)	Dog Paw (NW33) <input type="checkbox"/> (Community Hall)	Shoal Lake 40 <input type="checkbox"/> (Harvey Redsky Memorial School)	Naotkamegwaning <input type="checkbox"/> (Baibombeh School)	NWA 33 Inlet <input type="checkbox"/> (Kenora Rec Center)
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Shoal Lake 40 <input type="checkbox"/> (Harvey Redsky Memorial School)	Naotkamegwaning <input type="checkbox"/> (Baibombeh School)	NWA 33 Inlet <input type="checkbox"/> (Kenora Rec Center)					
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.

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 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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