

2021 CAMP CONNECTIONS REGISTRATION FORM



Foster Family Coalition of the NWT

PO Box 2022

Yellowknife, NT X1A 2P5

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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 56 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 4:1
- 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 RCMP, 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: _____ Sex: Female Male

Date of Birth: (mm/dd/yyyy) ____/____/____ Age at time of camp: _____

Health Card #: _____ Cultural heritage: (i.e. Dene, Inuit, etc.) _____

Caregiver Info:

Caregiver Name: _____ Circle one: birth parent / foster parent / extended family

Home phone #: _____ Work #: _____ Cell #: _____

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: _____ Emergency phone: _____

Email: _____ Fax: _____

Is the camper allergic to anything? Yes No

If so, what _____

Is the camper on any medication? Yes No

If so, what _____

If this camper takes prescribed medication please ensure that it is blister packed by the pharmacy.

Please include instructions on administration of any medication

Additional Information – Please tell us about any behavioral or Neurological conditions that could arise at camp with suggestions on how to manage them (eg. likes, dislikes, fears, triggers, recent events, self reg)

1st and 2 nd Choice	Session	Start Date	End Date	2017 Program Description
	#1	June 28	July 4	Youth Camp at Camp Connections - ages 7 to 11
	#2	July 9	July 15	Teen Camp at Camp Connections –ages 12 to 14
	#3	July 20	July 26	Youth Camp at Camp Connections –ages 7 to 11
	#4	August 1	August 6	Teen Camp from Camp Connections-ages 12-18
	#5	August 11	August 17	Youth Camp at Camp Connections - ages 7 to 11

Consent for Camper To attend Camp Connections

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.
- 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 or injury.
- I/We give permission for camp staff to administer prescribed medications.

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.

This Consent is in effect from June 30, 2021 until August 22, 2021, dated this _____ day of _____, 2021. Name and Signature of Foster parent/legal guardian:

Name (PRINT)

Signature

GENERAL DISCLAIMER

I understand that:

- We reserve the right to decide whether we are able to provide a positive experience for potential campers of Camp Connections.
- Although camp staff is trained to meet the needs of at risk youth, they are not certified counsellors or social workers and can only effectively deal with minor behavioural issues 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.
- The Registration fee is \$250.00.
- **Cancellations need to be 7 days prior to the session for camp or you will be invoiced for the registration fee even if the child/youth does not attend.**

Print

Signature

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: _____
Print Signature

Date: _____