

Camp Connections 2025 Registration Form

Foster Family Coalition of the NWT

5125 50th Street

Yellowknife, NT X1A 1S2

Ph: 867-766-3326 / Fax: 867-766-3401

Email: camp_director@ffcnwt.com

Web: www.ffcnnwt.com



Our Camp Director: Tyler Argue.

Welcome All Campers!!!!

Camp Connections is intended to provide a positive leadership-based opportunity to meet the needs of children and youth between the ages of 7-18 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 57 kms northeast of Yellowknife on Ingraham Trail. Camp is now updated with solar power showers and outhouses. Camp consists of numerous cabins for sleeping and a cookhouse for mealtimes and large group activities.

Our Programming:

- Is age appropriate with a camper/staff ratio of 4:1
- Encourages and empowers campers to learn new skills and challenge themselves
- Includes activities such as hiking, swimming, games, arts & 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!

Scan & Email or Fax this completed form to the contact information above. You will be contacted to confirm a camper's spot shortly after registration.

ALL DETAILS MUST BE COMPLETED IN ORDER TO BE REGISTERED

Is this the child's first visit to Camp Connections? Yes / No Community: _____

Camper Information:

Full Name: _____ Identified Gender: _____ Date
of Birth (mm/dd/yyyy): ____ / ____ / ____ Age at time of camp: _____ Health
Care Card #: _____ Cultural Heritage: _____
Address: _____

Caregiver Information:

Caregiver Name: _____ Phone Number: _____
Relationship to Camper: (ie. Birth Parent, Foster Parent, Extended Family): _____
Emergency Contact Name: _____ Phone Number: _____
Email: _____
Who is responsible for the \$250.00 Registration Fee? _____

Social Worker Information (If Applicable):

Social Worker: _____ Phone Number: _____

On-Call Phone: _____ Email: _____

Additional Information:

Does this camper have an allergy? Yes / No

If so, what ... _____ Is
the Camper taking prescription medication? Yes / No

If Yes, please ensure that it is blister packed by the pharmacy. Please list all medications:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Medication Information: _____

_____ Time
of use (please include Morning / Evening / Lunch and the specific time, example: 8:00 pm):

Dietary Restrictions:

Food Disorders (ex: eating disorders, texture issues, food touching disorders etc)

Sleep issues (needs a light, wets bed, scared to be alone etc)

Behavioral Information

Please tell us about any behavioral issues that could arise at camp with suggestions on how to manage them. Even if it is a small trigger / reaction, please state this. Additionally, please include any specific likes or dislikes, fears, bedtime habits and / or routines that we should be aware of.

Does this Camper have a diagnosis? Yes / No

If yes, please state ...

_____ *Having this information
allows us to provide the correct support systems for this child when they arrive at Camp Connections. **Camp Date**

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

Choice #:	Session:	Start Date:	End Date:	Program Description:
	#1	June 30th	July 6th	Youth Camp for Children ages 7-11

	#2	July 11th	July 17th	Teen Camp for Children ages 12-14
--	----	-----------	-----------	-----------------------------------

	#3	July 22nd	July 28th	Youth Camp for Children ages 7-11
	#4	Aug 2nd	Aug 8th	Teen Camp for Children ages 14-18
	#5	Aug 13th	August 19	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 Name) → I/We authorize the camper names above to attend Camp Connections.

- I/We authorize Camp Connections staff to perform CPR or minor first aid treatment if required as staff deem necessary.
- 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 to 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 workers as well as the foster parents or legal guardian will be notified immediately

- The Foster Family Coalition of the NWT reserves 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 behavioral issues and/or physical disabilities. → If circumstances arise during camp that prevent staff from being able to adequately meet a camper's emotional or physical needs or the needs of other campers due to behaviors 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 and medical conditions that spread 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 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 hours.

Cancellations need to be made 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 phones, etc.) at home. I also agree to have lots of fun!!

Name of Camper Signature Date