**Participant Information**

**Please complete a separate form for each child registering.** This camp is only open to Indigenous youth ages 11 to 15. Participants must attend all days of the camp (July 25 to 28).

**Name (Surname, First, Middle) Gender \* Birth Date (MM/DD/YYYY)**

|  |  |  |
| --- | --- | --- |
|       |       |       |

**Full Address Phone # Indigenous Ancestry**

|  |  |  |
| --- | --- | --- |
|       |       |       |

**Shirt Size (Unisex):**       **Hoody Size (Unisex):**

**\*** All gender identities and expressions are welcome, including Two-Spirit, transgender, and non-binary youth. Most activities will be done in “girls” and “boys” groups – all participants can choose which group is best for them for each activity.

**Medical & Accessibility Needs (allergies, disabilities, medications, etc.):**

**Doctor’s name & contact number:**

**Emergency contact name:**

**Contact’s number:**       **Contact’s relationship to child:**

Social Worker name & contact number (if applicable):

Names & contact numbers for biological parents (if child is in foster care):

**Will your child require a ride to and from the camp?**

[ ]  Yes \* if checked, child must meet at 717 Princess Avenue to travel with VAHS

 Departing: 9:00 AM Returning: 3:45 PM

[ ]  No \* if checked, parent/guardian is responsible for travel to and from New Brighton Park

**Is the child currently involved in any VAHS Indigenous Early Years program?**

[ ]  Yes (please state which program):                 [ ]  No

**Does the child currently have access to Indigenous cultural supports? This could be a family member, Elder, community program, etc.**

[ ]  Yes [ ]  No

**Parent/Guardian Information (please complete at least one)**

**Name (Surname, First, Middle) Phone # Birth Date (MM/DD/YYYY)**

|  |  |  |
| --- | --- | --- |
|       |       |       |

**Full Address Email**

|  |  |
| --- | --- |
|       |       |

**Indigenous Ancestry (if applicable):**

**Name (Surname, First, Middle) Phone # Birth Date (MM/DD/YYYY)**

|  |  |  |
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|       |       |       |

**Full Address Email**

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**Indigenous Ancestry (if applicable):**

|  |  |
| --- | --- |
|  |  |

**Other Information (optional)**

**What interests you or your child in this camp? Does your child have any goals or things that they would like to learn?**

**Is there anything else that our staff should know to best support your child?**