



Prince George Native Friendship Centre

CAMP FRIENDSHIP

Information & Registration Package

The Prince George Native Friendship Centre will be offering NO-COST, summer camp programming in July and August for low-income Aboriginal and non-Aboriginal children, ages 6-13. Programming will include traditional and cultural elements, crafts, nature and animal awareness, all sorts of outdoor activities. Overnight camps will take place at Camp Friendship which is located 60 kilometres southeast of Prince George, situated off the Willow Cate Forest Service Road, on the beautiful Tsitniz Lake. Applications can be made by submitting a complete registration form (attached), either by email, fax or in person by June 20th.

6-7 year olds – Day Camp

Lunch is provided.

Tues-Fri, 9am – 3pm each day

8-13 year olds – Day/Overnight Camp

Meals are provided.

1 day in town (9am-3pm) **and**

2 days, 1 night at Camp Friendship

(drop off at 10am, pick up at 3pm

following day)

Age Group

Dates

6-7 year olds

July 4-7 or July 11-14

8-9 year olds

July 17-19 or July 25-27

10-11 year olds

Aug 8-10 or Aug 15-17

12-13 year olds

Aug 22-24

Parking: Please park on the street or in the day paid parking area, as all other parking spots at the PGNFC are reserved.

Overnight Checklist: Sleeping bag/Pillow, Pyjamas, Socks/undies, Running shoes & sandals, Swimsuit/Towel, Hoodies/Sweaters/Jacket, Toiletries, Shorts/T-shirts, M.I. Clothes (dark/camo)

*Electronic devices should be left at home

Contact:

Summer Camp Program

Email: thigdon@pgnfc.com

Phone 250-564-3568

Fax 250-563-0924

Address: 1600 3rd Avenue



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Child's Name: _____

Date of Birth: _____

What is your child's ancestry?

Status

Non Status

I would rather not respond

Métis

Non Aboriginal

Mailing address: _____
(Street, Postal code)

Gender: _____

Legal Guardian(s): _____
(Name)

(Phone #s)

(Name)

(Phone #s - if different from above)

Care Worker: _____
(if applicable) (Name)

(Agency & Phone #)

Preferred camp date: _____

Care Card #: _____

Physician's Name and Phone #: _____

Does your child have any allergies?

Yes

No

If yes, please list: _____

Does your child have any other health concerns?

Yes

No

If yes, please list: _____

Does your child receive any daily medication that will need to be taken while at camp? If yes, please complete the attached Medication Form. Yes [] No []
 Has your child ever been away from home overnight? Yes [] No []

Does your child have any fears? Yes [] No []
 If so, how do you deal with them? _____

Does your child have any comforting items like a special blanket, teddy bear, etc? Please send any items that will help your child feel comfortable. Sometimes even a photo of a child's parents or special people in their lives helps them to feel more relaxed away from home.

Does your child have any behavioral concerns? Yes [] No []
 Please explain... _____

Consent for 1st Aid

As the legal guardian for _____, I authorize PGNFC staff to administer first aid to my child and to seek all necessary medical attention for my child in the event of any injuries or illnesses. I also give permission for PGNFC staff to transport my child to the hospital or call an ambulance if necessary. I believe that my child is in good health and capable of participating in the Summer Camp Program. I agree that the Prince George Native Friendship Centre shall not be liable in any way whatsoever for any injury arising out of the participation of the said child.

 (Signature)

 (Date)

Photo Release

Pictures may be used for reports or funding initiatives for Camp Friendship. All children will receive a group picture of their fellow campers to remind them of their camp experience.

Can we include your child in these pictures? Yes [] No []

 (Signature)

 (Date)

Emergency Contacts

Your child will NOT be released to anyone other than the guardian, and those listed here.

Name(s):	Phone #s:	Relationship to Child



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Medication Form

All medications must be brought in the original containers. No exceptions. Prescription medication must have child's name printed on the pharmacy label. This form is required for occasional & over-the-counter drugs (e.g. Tylenol, Claritin). All medication, including over-the-counter drugs, must be given directly to a camp employee by the parent/guardian.

Child's Name: _____

Name of Medication #1: _____

Name of Medication #2: _____

Name of Medication #3: _____

Medication Schedule:

Date:	Ideal Time:	Medication # and Dose:	Actual Time:	Staff Member:	Staff Comments:

Consent to Administer Medication

As the legal guardian for the child named above, I authorize PGNFC staff to administer the listed medication to my child, in accordance with the instructions indicated on the pharmacy or instructions label on this medication.

(Signature)

(Date)