

INDIGENOUS YOUTH LEADERSHIP RETREAT

SEPTEMBER 22-24'17

Hosted by Ontario Educational
Leadership Centre

7098 Rama Rd, Longford Mills,
Ontario



YOUTH 14-24 YEARS

\$20.00 Registration Fee
Travel, Food & Housing is included

To apply and info on bussing please
contact us at
IndigenousLIT1@gmail.com Or call us
at (519)-761-3680



Ontario



Group Registration Welcome

Indigenous Youth Leadership Retreat | September 22-24, 2017

Organizer Aboriginal Sport and Wellness Council of Ontario | Host Ontario Educational Leadership Centre

Participant Information

First Name	Surname	
Address	City	
Province	Postal Code	
Gender	DOB (DD/MM/YYYY)	Age:
Email	Cell	

Emergency and Parent/Guardian Information

Name	Relationship	Emergency Contact?
Telephone	Cell	Y / N
Email		
Name	Relationship	Emergency Contact?
Telephone	Cell	Y / N
Email		
Name	Relationship	Emergency Contact?
Telephone	Cell	Y / N
Email		

Travel Information

How will your child travel to the Ontario Education Leadership Centre (7098 Rama Rd, Washago ON)?	<input type="checkbox"/> I'm driving <input type="checkbox"/> Driving with someone else <input type="checkbox"/> Need transportation
Will your child be traveling with someone else? If yes, Name:	<input type="checkbox"/> No <input type="checkbox"/> Yes, (circle: Participant / Chaperone / Other Adult)
If chaperones are needed, are you willing to chaperone? Name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Pick Up Locations by bus: <input type="checkbox"/> NE - Timmins <input type="checkbox"/> NW - Kenora <input type="checkbox"/> NC - Thunder bay	<input type="checkbox"/> C - Sault Ste Marie <input type="checkbox"/> SW - Sarnia + Niagara Falls <input type="checkbox"/> SE – Kingston <i>*Specific pick up points will be communicated in the participant information package</i>

If you require a different location than those listed above, please select a pick up point:

All Applicants **must** complete and submit all forms by 12 a.m. **Tuesday, September 12th**

*If there are multiple pickups in a single city, only one will be selected and communicated to all participants. We will be adding locations as needed to pick up participants.

Health/Medical Information

Should there be health/medical concerns facilitators should be aware of and monitor during the participants stay at the camp? No
 Yes

Health, Dietary, and Medical Concerns:

Types of Medication:

Release Form for Photo and Media Recording

I, the undersigned, do hereby consent and agree that Aboriginal Sport and Wellness Council of Ontario, its employees, or agents have the right to take photographs, videotape, or digital recordings of _____ beginning on August 14, 2017, and ending on August 18, 2017 and to use these in any and all media, now or hereafter known, and exclusively for the purpose of advertising, trade, promotion, exhibition and any other lawful purposes. I further consent that his/her name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Aboriginal Sport and Wellness Council of Ontario, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for photographs or recording of the child, either for initial or subsequent transmission or playback.

I also understand that Aboriginal Sport and Wellness Council of Ontario is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I hereby give permission to Aboriginal Sport and Wellness Council of Ontario to take and use recordings or images of this child. I have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Address

Phone

Name (or Parent's Name if under 18 years of age)

Pre-requisite Questions for Youth Participant

Please complete the questions on next page.

All Applicants **must** complete and submit all forms by 12 a.m. **Tuesday, September 12th**

1. Please list your recent involvement with Indigenous youth programs either as a participant or coordinator, and volunteer.

Program Name	Organizer/Host	Role	Date
			DD/MM/YY

2. Summarize your experience or take away from the programs you've been involved with. (max. 500 words on separate paper)

3. How can being involved in the Indigenous Youth Leadership Retreat contribute to your future academic or career goals? (max. 500 words on separate paper)

All Applicants **must** complete and submit all forms by 12 a.m. **Tuesday, September 12th**

Payment Information

- By Cash or Cheque (Please make payable to Aboriginal Sport and Wellness Council of Ontario)
- Credit or Debit Visa Card

Card Type Visa MasterCard Debit Visa Money Order

Card Holder's Name

Credit Card Number

Expiry Date

Card Holder Signature

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