

Dear Participants:

Welcome to the Circle of Life-Long Learning summer camp experience. We have a fun week ahead of us filled with educational and cultural activities. To confirm your seats, we request that you complete the attached application and return it via email or mail it before Monday July 24, 2017.

Preference will be given to those living in Southwestern Ontario but all are encouraged to apply.

Please feel free to contact me with any questions. We look forward to a great week!

Miigwetch,

Shawn Johnston - Events Coordinator Waterloo Aboriginal Education Centre 190 Westmount Road Waterloo, ON N2L 3G5 s36johns@uwaterloo.ca (519) 885-1460

A)

Participant Information
Please fill out all fields as this will assist us with programming, travel, and room assignments.

Youth Name:	Age:	Grade:	Gender
Parent/Caregiver Name:			
Relationship to Youth:			
Parent/Guardian Email:			
Home Phone No: ()	Other No: () _		
Mailing Address:			
Do you, or your youth have any health issues/alle	ergies we need to b	e aware of?	
This program entails some moderate physical ac conditions/concerns that might limit your/their ab	, ,	, flights of stai	rs). Are there any
Room Assignments Youth will be assigned to a room with their sibling youth travelling is with a parent/caregiver, they w *There are two beds in each room.*		_	
Are their any disabilities we should be made awa washroom, walks with cane, sleep apnea, etc):	•		•
Anything else?			

B) Transportation Arrangement Form

ARRIV	AL: (please check one)
	cle of Life-Long Learning begins at 9:00am on Monday July 31st, 2017 . We ask that you Sunday evening.
1	We will drive to St Paul's University College and will need a parking pass for the week. Name on Parking Pass: Please keep track of mileage for reimbursement*
	We are being dropped off at St Paul's University College. 'Please keep track of mileage for reimbursement*
r	We will take a train/bus/plane to St Paul's University College and will need travel arrangments made for us. Please specify which station/airport you will be departing from:
DEPAR	RTURE: (please check one)
The Cir	cle of Life-Long Learning ends at Noon on Friday August 4 th , 2017.
□ \	We will be driving home.
□ \	We are being picked-up at St Paul's University College.

 $\hfill \Box$ We will take a train/bus/plane home and will need return arrangements made for us.

C) Parental/Caregiver Waiver & Consent

I,	(print name), am the parent/guardian
of Learnin	(print student name), a participant in the Circle of Life-Long g summer camp experience.
involve agree to the rule understore reasons Paul's I program agents	stand that Circle of Life-Long Learning is designed to develop academic achievement and will some hands-on activities, possible laboratory exercises, and field trips. I understand and nat I am solely responsible for my child's behaviour and that my child is expected to obey all s and regulations pertaining to the above noted events and related activities. I also and that Circle of Life-Long Learning is responsible to reduce all risk and has undertaken all able safety precautions to ensure the safety of the conference participants. I will not hold St. University College, and any associated staff responsible for any injuries to my child during the n. I hereby release St. Paul's University College and its respective officers, employees, and from and against all claims, actions, costs, damages, and expenses with respect to damage codily injury to my child as a result of his/her participation in the Circle of Life-Long Learning n.
I am av	vare there are physical risks associated with my child's participation in the above noted event through the University of Waterloo, which include but are not limited to: injuries or death resulting from travel to and from locations to be visited insect bites drowning allergic reactions to food, plants, and/or soils injuries such as possible scrapes, broken bones, soft tissue injuries, burns, cuts, sun or wind burns resulting from participation in above noted event and all related activities
St. Pau Circle of imperation confere firsthan promot	RAM EVALUATION I's University College is interested in gaining an in depth understanding of the impacts the f Life-Long Learning program is having on youth and communities. Program evaluation is ive for helping the Circle of Life-Long Learning team learn how they can strengthen the nce to better support the participants. We utilize pre and post surveys to gain this valuable d information from the students. Occasionally, we may use a student's comment in onal materials such as: brochures, handouts and/or Facebook. All comments will remain nous, and will be strictly used for promotional purposes for the Circle of Life-Long Learning no.
CONSE	<u>ENT</u>
I have ı	ead, understood and agree to the above information.
Parent/	Guardian signature Date

Youth Contract (to be completed by the Youth) D)

Student Signature

By agreeing to participate, I	(print name), agree to the
I will:	
1) abide to the set curfew	
2) not leave the building after curfew.	
3) abide by the rules of this contract as a school trip participar	nt.
4) listen to my parent/caregiver.	
5) not consume any alcohol or drugs not prescribed to me.	
6) not break any municipal, provincial, or federal laws, includir	ng drug use.
treat my peers and the staff with respect.	
8) keep an open mind and participate in all events.	
 9) show respect to my fellow students, program staff, and procarefully, and refraining from talking during lectures. 10) arrive on time to all pre-arranged meetings and have all needs 	
11) use courteous and polite language.	
12) not bring my cell phone/iPod/Blackberry with me to any le	ecture, workshop or activity (or it will
be taken away for the duration of the activities).	
13) agree to room assignments and will not make other room	arrangements.
14) agree to the release and use of my image for use by the V	Vaterloo Aboriginal Education
Centre Website, Circle of Life-Long Learning Facebook pa	age, and/or in marketing and
promotion of the Circle of Life-Long Learning Conference.	
I will adhere to the rules and conditions of all workshops and prog breaking his contract may result in consequences that range from removed from the program and sent home at my parent/caregiver responsibilities as the undersigned.	myself and parent/caregiver being

Date

E) Parent / Caregiver Contract

We thank you for participating in the Circle of Life-Long Learning at St. Paul's University College at the University of Waterloo.

To best prepare for the week, the following is a list of roles and responsibilities that are particular to all of our parents and caregivers.

Please read the responsibilities thoroughly

- 1. You will submit receipts in a timely manner (all receipts can take up to 2-3 weeks for reimbursement).
- 2. You are fully engaged and will participate in the conference workshops, lectures, as well as daytime and evening events with your youth.
- 3. You adhere to the conditions of any field trip with youth under your care.
- 4. You will respect the 10pm curfew for youth and will work with the staff to ensure this is maintained throughout the week.
- 5. You will provide valuable mentorship and role modeling.
- 6. You are aware that any negative or irresponsible decisions, made by you or your youth, could result in your group kindly being asked to leave the summer camp.

, , , , , ,	ad and understood the above list of parent / caregiver Circle of Life-Long Learning, in which you and your youth are
Parent / Caregiver Signature	Parent / Caregiver Name (Printed)



Packing List - August 2017

- T-shirts (No offensive images)
- Long sleeve shirts
- Hoodie (We will be outside some evenings)
- Jeans
- Shorts
- Umbrella or Raincoat
- Sunblock
- Bathing Suit (water park)
- Towel (shower)
- Comfortable shoes (we will be walking a lot)
- Hygiene products
- Jacket
- ID / Health card
- Cell phone (used at certain times only)
- Spending money (snacks)

^{**}The pillows provided are very soft. Please feel free to bring your own if needed.**