



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, and all sorts of outdoor activities. Overnight camps will take place at Camp Friendship, located 60 kilometres southeast of Prince George, situated off the Willow Cane 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**. Registration is on a first come, first served basis and space is limited. You will receive a phone call to confirm with you if your child has a space at camp, or has been waitlisted.

### 6-7 year olds – Day Camp

Lunch and snacks are 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
<b>6-7 year olds</b>	July 3-6 or July 10-13
<b>8-9 year olds</b>	July 17-19 or July 24-26
<b>10-11 year olds</b>	Aug 7-9 or Aug 14-16
<b>11-13 year olds</b>	Aug 21-23

**Youth aged 14-18** can apply to become Junior Camp Counsellors at Camp Friendship this summer. This is a volunteer helper position. If suitable, youth may be invited to come to daycamp or camp for 2-4 days. Youth should submit a letter of interest to the Native Friendship Centre at 1600 3<sup>rd</sup> Avenue, or send an email to [summercamp@pgnfc.com](mailto:summercamp@pgnfc.com) to apply. Please include your age, why you're interested in this opportunity and if you've attended Camp Friendship in the past.

**Parking:** Please park on the street or in the day paid parking area.

**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, phone 564-3568, fax 563 0924, email [summercamp@pgnfc.com](mailto:summercamp@pgnfc.com)



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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 1<sup>st</sup> 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)