

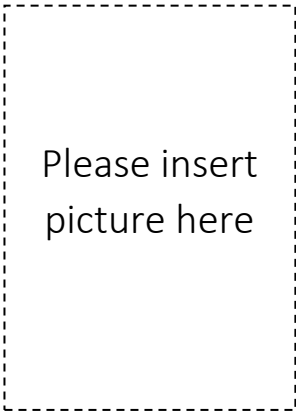
Participant information
(To be completed by the participant and their parents or guardians)

CONFIDENTIAL INFORMATION

Participant's name: _____

F M Other Date of birth: _____ Age: _____ Grade: _____
(DD / MM / YYYY)

Name of School: _____



Address: _____

City: _____ Postal code: _____

Telephone: _____

Parent's email address: _____

Health Insurance #: _____

Expiry Date on Card: _____

Medication(s): _____ Dosage: _____

Medication(s): _____ Dosage: _____

Medication(s): _____ Dosage: _____

CONTACT INFORMATION

1. Name of Parent(s) or Guardian(s): _____

Home phone: _____ Cellphone: _____

Email: _____

2. Name of Parent(s) or Guardian(s): _____

Home phone: _____ Cellphone: _____

Email: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____

Home phone: _____ Cellphone: _____

Email: _____

Relationship to child: _____

MEDICAL INFORMATION

Does your child have food restrictions? Yes No

Please list all ingredients or food to avoid: (specify the reason like allergy, religious beliefs or other):

_____ Reason(s): _____

_____ Reason(s): _____

_____ Reason(s): _____

Does your child have allergies?

To medication? Yes No Specify: _____

To bug bites? Yes No Specify: _____

Other? Yes No Specify: _____

In the case of an allergic reaction, what steps should be taken? _____

Does your child have ASTHMA? Yes No

Specify treatments/procedures used: _____

If needed, may we give him/her?

Tylenol Nasal spray (saline) Benadryl Pedialyte Other

Specify: _____

Other information on your child's health: _____

If your child is a girl, has she had her first period? Yes No

If not, has she been told about it? _____

BEDTIME

Are there any particular concerns regarding your child's sleep (nightlight, afraid of the dark, bedwetting, sleepwalking, etc.)?

Yes No If yes, specify: _____

SPORTS AND ACTIVITIES

Are there any activities that your child cannot take part in? _____

Does your child suffer from motion sickness (in a car, bus, boat or other)

Yes No If yes, specify: _____

CHILD'S BEHAVIOR

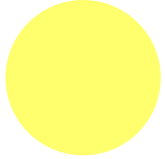
How would you describe your child behavior in a large group? _____

When your child needs a quiet time, what would be the best circumstances to be offered to her/him?

Has your child experienced any emotional circumstance the last past year we should be aware of, in order to offer him/her the best support? _____

Do you have any objectives that you'd like us to pursue with your child while they're at camp?

Please tell us two (2) qualities about your child? 1 - _____ 2 - _____



AUTHORISATION and DELEGATION OF PARENTAL AUTHORITY

We, _____, accept and understand that our child will attend the Breakfast Club of Canada and the New Pathways Foundation Leadership Camp. We agree to help make this experience a positive one for our child.

We delegate our parental authority to the authorized personnel of Breakfast Club and the Foundation during the stay of OUR child at the Leadership Camp.

Without limiting the generality of the foregoing, we authorize the personnel of Breakfast Club, the Foundation and the Camp to:

- Accompany our child on organized bus trips outside the camp facility;
- Administer any prescribed medication or any other medication if required;
- Accompany our child to a public or private medical facility if it is deemed necessary;
- Consent to any medical care or treatment that is required for our child in the event of injury or illness.

Signed in: _____ on _____
City Date

 Parent or Legal Guardian's signature



PARENTAL CONSENT AND ASSIGNMENT OF RIGHTS

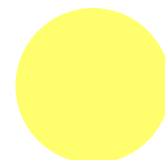
I hereby accept that my child (children) can be filmed, photographed or interviewed in order to promote Breakfast Club of Canada and/or the New Pathways Foundation as part of a publicity campaign. This material may be used for any publication form, including the Club's and the Foundation social media channels.

Accordingly, I assign on my behalf and on behalf of _____ all rights we might have in light of the preceding to Breakfast Club of Canada and the New Pathways Foundation.

I acknowledge that this assignment of rights in favour of the Club and the Foundation, non-profit organizations, is made without remuneration, and I grant a complete and final waiver.

Signed in: _____ on _____
City Date

 Parent or Legal Guardian's signature





GETTING TO KNOW YOU

Hello!

We're really happy that you can join us for the Breakfast Club of Canada and the New Pathways Foundation First Nations Leadership Camp! In order to create the best experience, and to offer the maximum number of interesting activities, we'd like to ask you a few questions. Don't worry—your responses will remain confidential! If you run out of space, feel free to write more on the back!

I would like to sleep on the (please check one) BOTTOM bunk TOP bunk

What would you like to experience at camp? _____

WHAT ARE:

- Your favourite songs, artists, groups, or types of music?

- Your favourite sports?

- Your preferred hobbies or crafts (e.g. scrapbooking, playing a musical instrument, drawing, painting, sculpture etc.)?

- Your favourite books?

Following the rules is important to make sure that the group experience is as pleasant as possible. Tell us three rules, in your opinion, are important to follow as a group at camp:

1. _____

2. _____

3. _____

A nice gesture we could do to show our appreciation would be:

Do you have any concerns or worries before leaving for camp? What are they?

What do you want to do later in life (as a career)?

What are your other big dreams?

What would you like to learn that could be useful to improve or to be more involved your breakfast program, your school and/or your community?

Let's talk Culture...

Which Nation are you from? _____

Which community are you from? _____

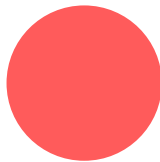
Do you understand and speak your Nation's native Language? _____

Which cultural activity do you practice? (music, singing, dance, crafts, sports, hunting, writing etc..)

Do you consider yourself connected to your culture? _____

What is your favorite First Nation's musical artist? _____

Now we can say that we know you a bit better! We can't wait to share the camp experience with you. Your participation is really important, and it is your presence that will contribute to making this an amazing adventure!





CAMPER'S COMMITMENT - CLUB'S COMMITMENT

At Breakfast Club of Canada Leadership Camp, we hope that you'll do your best to make this trip an exceptional experience! That won't happen without your commitment! Please read the following promises carefully before signing this contract and making your commitment to enjoying every second at camp:

- I promise to respect, AT ALL TIMES, the rules and instructions given by the facilitators, counsellors, assistant facilitators and all adults and staff at the camp;
- I promise to always take part in every activity, and to do so with a true spirit of teamwork and cooperation;
- I promise not to make any disrespectful comments towards anyone at the camp, young or old;
- I promise never to engage in any physical or verbal violence towards anyone or anything;
- **I understand that there are no televisions, videos, electronic games, portable stereos or cellular phones at camp, and that it is strictly forbidden for THE CAMPERS to have any of these devices with them;**
- I understand that the possession of food other than what is provided by the Camp is also forbidden (candy, chocolate, NUTS, in case of serious allergies);
- I understand that not respecting the rules will result in consequences.

In return, Breakfast Club of Canada and the New Pathways Fondation and its team promise to:

- take care of yourself, listen to your needs and find ways to fill them;
- respect you;
- offer you a program of activities to promote your strengths and talents;
- offer you a safe, motivating, varied and dynamic environment.

Parent or Legal Guardian's Commitment	Participant's Commitment
<p>I confirm that I read the rules with my child. I accept this commitment. I understand that if my child does not respect these rules, the camp team will have to impose a proportional consequence to the non-respect of these rules.</p> <p>Parent's signature _____</p>	<p>YES, I have read the document above and I understand that these rules promote a harmonious group dynamic. I promise to respect the rules established for the First Nations Leadership Camp.</p> <p>Participant's signature _____</p>