

North Vancouver Island 1st Annual Hockey Camp

Open To all Aboriginal Youth Ages 6 – 18

Full Equipment required

Local Hockey Coaches to Run the Camp Session

Saturday & Sunday: July 18 & 19

Fees covered via Aboriginal Sport Recreation & Physical Activity Partners Council

Day One	
Ages 6 - 11	
11am-12:30pm	on Ice
12pm - 1pm	LUNCH onsite
1:30pm - 2:30pm	Dryland / Health Training
Ages 12 - 18	
1pm - 2:30pm	On Ice
3pm - 4pm	Dryland / Health Training
Ages 12 - 18 (Advanced)	
4:30pm - 6pm	On Ice
6:30pm - 7:30pm	Dryland / Health Training

Day Two	
Ages 12 - 18	
11am-12:30pm	On Ice
1pm - 2pm	** Chew & Chat
Ages 6-11	
2:15pm - 3:15pm	On Ice Game Hand Out Jerseys
Ages 12 - 18 (Advanced)	
3:30pm - 5pm	On Ice Game Hand Out Jerseys
5pm - 6pm	Closing Ceremonies Drumming & farewell Song

Everyone welcome to attend dryland & health training, stay to watch the camp & games

Day 2 families welcome to attend the "Chew & Chat":

A presentation about Ref, Coaching & Spectator mistreatment in Hockey, what you can do to help!

Camp Location:

Port McNeil Regional Ice Arena
2205 Campbell Way
Port McNeil, BC



**Thank-you to the local
community supporters!**



K'awat'si Construction Company

To Register Please Send Attached Forms To:

Kim Leming

Tel: 250.338.7793 ext. 223

Kleming@bcaafc.com

Dave Sawyer

Tel: 250.956.2808

davesawyer75@gmail.com

ShopRite



Gala Contracting



BCAAFC
BC ASSOCIATION OF ABORIGINAL
FRIENDSHIP CENTRES



First Nations Health Authority
Health through wellness

Aboriginal Sport, Recreation &
Physical Activity Partners Council

Vancouver Island Region

Aboriginal Sport Recreation and Physical Activity Partners Council

2015 Vancouver Island Region Hockey Development Camps Waiver: **North Island, BC**

DEFINITION

In this agreement the term "Activities" shall include all activities in any way related to the various Youth, Coaching and Officials programs offered by the Aboriginal Sport, Recreation and Physical Activity Partners Council (hereinafter called the "*Partners Council*"). These may include, but are not limited to; archery, athletics, badminton, basketball, canoeing/kayaking, curling, gymnastics, golf, lacrosse, rock climbing, skating, soccer, softball, snowshoeing, swimming, cross-country skiing, snowboarding, tennis, volleyball, ice and ball hockey, self-defense, multisport events, and all other activities offered in partnership with the *Partners Council*.

WAIVER & RELEASE OF LIABILITY

In the consideration of the *Partners Council* accepting my registration and allowing me to participate in the Activities, I myself, my heirs, executors, administrators and assigns hereby:

- 1. ACKNOWLEDGE** that I am participating in the Activities at my own risk and accept responsibility for any injuries, however caused, and the loss or damage of any of my property during or after my participation in the Activities.
- 2. RELEASE** the British Columbia Association of Aboriginal Friendship Centres (as the agent for and host organization of the *Partners Council*), Event Host Organizations, Provincial and Multi-Sport Organizations, partners, volunteers, parents, servants, agents, employees and other participants of the event (all of whom are hereinafter collectively referred to as the "Releasees"), from any and all claims, actions, or causes of action, costs, demands and expenses arising out of or in consequence of any loss, injury or damage to my person or personal property incurred while attending or participating in the Activities, notwithstanding that any such loss, injury or damage may result from the negligence of one or more of the Releasees. In addition, permission is granted to administer any medical treatment that may be required.
- 3. WAIVE ANY AND ALL CLAIMS** that I, my heirs, executors, administrators, insurers, successors and assigns have or may have in the future against the Releasees.
- 4. GRANT** to the British Columbia Association of Aboriginal Friendship Centres (as the agent for and host organization of the *Partners Council*), the right to use, without payment of any fee, charge or compensation of any kind, including royalties, and all written information, and/or any and all photographs, video tape or other visual media of myself taken during the Camp for non-commercial, promotional purposes, educational programs. I also agree to waive any right to approve such use.

I understand the rules and regulations are designed for the safety and protection of participants and hereby agree to abide by the rules, regulations set by the *Partners Council* and British Columbia Association of Aboriginal Friendship Centres. I have read this release of liability and assumption of risk agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign freely voluntarily, without an inducement.

PARENT/LEGAL GUARDIAN - For participants under the age of 19 the following must be completed by his/her parent or guardian

I, as the parent/legal guardian of the participant named, agree to assume the full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the Activities. I, as the parent/legal guardian of the participant named herein, hereby declare that I have read, understood and agree to the contents of this Waiver and Release of Liability in its entirety and agree to indemnify the *Partners Council* and British Columbia Association of Aboriginal Friendship Centres and their servants, employees or agents from any claims or demands that may be made against the *Partners Council* or the British Columbia Association of Aboriginal Friendship Centres arising out of the attendance of the participant in any of the Activities. This information is being collected in accordance with and is protected by the privacy provisions of the *Personal Information and Privacy Act* (BC). Any questions about the collection and use of information, please contact the Director of the *Partners Council*, Rick Brant at (250) 710-4604

Youth Participant Name:	Age:	Sex: M / F	DOB: Month / Day / Year
Parent/Guardian Name:	Phone(s): Email:	BC Care Card and/or Status #:	
Self-Identification: Status / Non-Status / Metis / Inuit Circle one	On Reserve:	Off Reserve: (Urban)	
Parent/Guardian Signature:	Medical, Allergies, Behavior:		
Emergency Contact:	Emergency Contact #:		

Please send Completed forms to Kim Leming: Kleming@bcaafc.com or Fax: 250.338.7287



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FRIENDSHIP CENTRES



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Physical Activity Partners Council