

Kwanlin Dün First Nation Community Justice 35 McIntyre Drive Whitehorse, Yukon Y1A 5A5

Send registration to: frances.langtry@kdfn.net

Youth Hide Tanning Camp, May 6 – 12, 2023 - Please Print Legibly -

This Youth Hide Tanning camp will be led by the KDFN Youth Outreach team. All campers will be staying at Jackson Lake for the duration of the camp from May 6 to 12, 2023.

Activities will include hide tanning (moose and caribou), carving, beading, medicine walks, hand games, caribou tufting, and other things.

This is a dry camp, there will be no drugs or alcohol permitted on site. If a youth is under the influence, they will be brought home by staff.

What We provide

- Snacks and meals
- Staff supervision
- Transportation to and from Jackson Lake
- Cabins and bedding (except for pillows)

Youth need to bring:

- Warm clothes (layers), as most of the programming will take place outside
- Toque and Mitts
- Appropriate Footwear (gumboots)
- Rain jacket/rain pants
- Pyjamas
- Pillows
- Toothbrush/toothpaste
- Any medication (if they need it)

If youth are in need of warm clothes, rain gear or boots, please let us know ahead of time, and we will be able to supply it.

Transportation

Rides will leave from the Multi Purpose Building at 10 a.m. on May 6th and transport them to Jackson Lake. Youth will be returned home May 12^{th} in the late afternoon.

| | gn that you and your fami | . • | | | |
|--|--|--------------------|-------------------|-------|--|
| Participant | | SignatureSignature | | | |
| Parent if under 18 | ne (print) Date Date nt if under 18 | | | | |
| Participant Infor Name | mation | | | _ | |
| Address | | | | | |
| City | Province/Territory | Pos | stal Code | Phone | |
| Date of Birth | | OPTIONAL Gender | | | |
| | ons, Inuit, or Metis? on (or Inuit or Metis): | □ Yes | _ | | |
| List any food alle | rgies or dietary restrictions | . | | | |
| If yes, please expla | sistance with taking any me ain | | | | |
| Is your child allow ☐ Yes ☐ No | red to use an axe to split fi | rewood? | | | |
| Is there anything o | else you would like us to k | now? | | | |
| | | | | | |
| In case of Emerger Please provide the | ncy names of two adults to be | contacted i | n case of emerger | су. | |
| Name | Phor | Phone | | | |
| Name | Phor | ne | | | |



Youth Photograph Release Form -Please Print Legibly-

| Participant Infor | mation | |
|--|--|--|
| Name (Last, First, | MI) | |
| Address | | |
| City | Province/Territory | Postal Code |
| Phone | | |
| I,photographed w Community Just and any activity | hereby give written while attending any Youth Outreach and tice, including overnight camps, out of where a Community Justice staff is programmer (guardian, if under 18 years of a granture (guardian, if under 18 years of a granture (guardian). | city trips, one-on-one programming, esent. |
| Parent/ Guardiar | 1 | |
| Parent/ Guardian N | Name (Last First, MI) | |
| Relationship to the | e child | |
| Email | Phone | |