



**FEDERATION
OF BC YOUTH
IN CARE
NETWORKS**

SCM Application Package

BY COMING TOGETHER, WE'RE NOT ALONE!

Youth Aged 14-24

The Federation of BC Youth in Care Networks (FBCYICN, or the Fed) is a youth-driven, provincial, non-profit organization dedicated to improving the lives of young people in and from care in BC between the ages of 14 and 24.

USE THE HANDY CHECKLIST TO MAKE SURE YOU'RE SUBMITTING A COMPLETE APPLICATION!

Read and signed the What to Expect page

Filled out and signed the Event Registration Form

Filled out and signed the Photo Consent Form

Filled out and signed the camp's Challenge Course User Information & Health Form

Send your completed application package by **September 14** to:

Email shannon.dolton@fbcyicn.ca

Fax 604-527-7764

Mail 500-625 Agnes St., New Westminster, BC V3M 5Y4

If you have any questions about the application package or how to submit it, please email shannon.dolton@fbcyicn.ca or call her at 604-527-7762 ext. 109.

WHAT TO EXPECT

Our retreats bring youth in and from care from all across the province together to learn life skills, have fun, build lasting friendships, direct the work of the organization, contribute to government consultations, and build a provincial community. Our camps create a fun, safe environment where you can connect with other young people who are building a provincial network for youth in and from care.

Our SCMs are structured weekends that create space for free time, learning, information sharing and most importantly fun! What this means is that there is a high level of participation expected from our youth attendants. Workshops and consultations on a variety of topics important to the youth in care community are mandatory and we encourage all youth to find and use their voices to give feedback where asked. Participation in all activities is mandatory.

Photo Consent

- There is a photo consent form attached to this application package. Please fill in the consent form even if you do not consent to the use of your image.
- Any youth 18 and under that is currently in care cannot give themselves photo consent.
- Failure to fill in the photo consent form will be viewed as an incomplete application package.
- The Fed cannot control the distribution of photos taken by youth or if those photos are shared on social media.

Wake-Up Time and Curfew

- Choosing to participate in the SCM means that you agree to follow the wake up times and curfew that is in place.
- All participants must be up by 7:30am and prepared for morning activities and breakfast.
- You can *either* be in their cabin or in the quiet room at 11:30 PM. However, all participants *must* be in their cabins by 1:00 AM.

Recreational Activities

- When participating in recreational activities it is expected that all youth will behave in ways that put safety first.
- Misuse or unsafe behavior when participating in free time activities will result in your removal from the activity.
- Failure to fill in the provided Sasamat Challenge Course User info and Health Form will prevent you from participating in any outdoor free time activities including canoeing, archery, rock climbing, high ropes course and more.

SCM Example Schedule (this is not an actual schedule for the retreat)

Friday: Arrival Day

4:00 PM Arrive at campsite

4:00 - 5:00 PM Settle in and find cabin assignments

5:00 - 5:30 PM Territory acknowledgement
Welcoming
SCM intro
Housekeeping
Camp rules
Staff intro
Extreme Team intro

5:30 - 6:15 PM Dinner

6:15 - 6:30 PM Community partner updates

6:30 - 7:00 PM Large group guidelines

7:00 - 7:15 PM Break

7:15 - 8:45 PM Workshop

8:45 - 11:30 PM Free time activities

Youth Aged 14-18

By signing below you acknowledge that you have read the above and understand what the weekend is about and what will be expected of you.

YOUTH SIGNATURE _____ DATE SIGNED (MM/DD/YYYY) _____

GUARDIAN SIGNATURE _____ DATE SIGNED (MM/DD/YYYY) _____

Youth Aged 19-24

By signing below you acknowledge that you have read the above and understand what the weekend is about and what will be expected of you.

YOUTH SIGNATURE _____ DATE SIGNED (MM/DD/YYYY) _____



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Event Registration Form

Youth (14 to 24 years old)

Event Information

EVENT NAME _____ EVENT DATE(S) _____

START TIME _____ END TIME _____ LOCATION _____

PRIVACY: The personal information collected with this form is used by the Federation of BC Youth in Care Networks (the Fed) to ensure the safety and well-being of all participants at the Fed event. We may need to contact you/your guardian (social worker) to clarify or ask questions about things you put on this form so we can determine what kind of supports you need. We may also need you to help us identify additional supports (i.e. a support person) to attend the Fed event. The contact information you provide is also used to send updates and information to you throughout the planning process. This information will not be shared with individuals or other organizations. For more information, check the website or contact the office at info@fbcyicn.ca, 604.527.7762 or 1.800.55.8055 (toll-free).

IMPORTANT: Leaving any question blank is not an option. If any question is blank, the registration form will be considered incomplete and will not be considered for approval. Filling out this application form does not guarantee approval to attend any events. Please notify the Fed of any changes to medication, mental health or emergency contact information that occur after you submit this form.

Youth Contact Information

FIRST NAME _____ LAST NAME _____

BIRTH DATE (MM/DD/YYYY) _____ AGE _____ MY GENDER IS _____

MY PRONOUNS ARE (EX. SHE/HER/HERS) _____ ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

What's the best way for us to contact you?

PHONE EMAIL FACEBOOK OTHER (PLEASE SPECIFY) _____

Do you want to become a Fed member? YES NO ALREADY AM

Members receive updates and information about opportunities. Youth must be members to vote at Annual General Meetings.

Emergency Contact Information

The person named below must be available 24 hours a day for the entire event in case of emergency, and must be over 19.

FIRST NAME _____ LAST NAME _____

RELATION _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

Social Worker Contact Information

If you are under 19.

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

Travel Details

Do you need travel arrangements made for you?

YES *If yes, please select one of the following options:*

PARTIAL

You will be dropped off at the Fed office to board the bus.

FULL

You will need travel from home to the Fed office.

NO *If no, please explain:*

1. How you will get to the event? _____

2. Who will be responsible for getting you to the event? _____

3. What time will you arrive at the event? _____

4. Who will pick you up at the end of the event? _____

Is there any other information the Fed needs regarding your travel to or from the event?

Note: Please DO NOT book travel until you have been approved to attend the Fed event. A Fed staff member will contact you to let you know if your application has been approved.

Funding Information

Youth Aged 19-24

Are you applying for a Fed subsidy to attend the event?

- YES *If yes, please fill out the attached subsidy form*
- NO *If no, an invoice will be sent to the address listed under Youth Contact Information.*

Youth Aged 14-18

Where should the invoice for the event be sent?

- SOCIAL WORKER*
- ORGANIZATION (PLEASE NAME) _____
- OTHER:
- Name _____ Phone _____
- Address _____
- City _____ Province _____ Postal Code _____

*If social worker is unable to pay for youth 18 and under please provide explanation.

Health Information

This information is collected to ensure the safety, health and well-being of all participants at the Fed event. It is important that all the questions are answered honestly and completely. The Fed can only provide appropriate support, assistance and intervention based on the information provided. Leaving a question blank is not an option as the Fed must be aware of all health information. If we discover we have not been advised of important health information in advance, the Fed reserves the right to refuse a participant from attending the event.

CARE CARD NUMBER (MUST PROVIDE IN CASE OF EMERGENCY) _____

Note: All medication must be in original packaging or blister packs. Prescription medications must have a label with the name of the youth and the dosage. Medications will be held and administered by Fed staff or adult supports. If there is not enough room on this form to list all the medications you will bring to the event, please attach a separate list.

Do you have any dietary restrictions (personal preferences do not count)?

- NONE
- VEGAN
No animal products
- VEGETARIAN
No meat
- LACTO-OVO VEGETARIAN
Will eat dairy and eggs
- NO RED MEAT
- NO PORK
- NO POULTRY
- NO SEAFOOD
- NO DAIRY
- NO NUTS
- OTHER (PLEASE SPECIFY): _____
- Note: If there is nothing marked down on the registration form, you will not be provided a special dietary meal at the event. A list is kept by the Fed staff of who has dietary restrictions and this list will be enforced.*
- GUARDIAN'S INITIALS AS VERIFIED:** _____

Health Information Continued

Do you have any allergies (check all that apply)?

- NONE
- HAY FEVER (PLEASE SPECIFY) _____
- ANIMALS (PLEASE SPECIFY) _____
- INSECTS (PLEASE SPECIFY) _____
- MEDICATIONS (PLEASE SPECIFY) _____
- FOOD (PLEASE SPECIFY) _____
- OTHER (PLEASE SPECIFY) _____

Do you take medication for any your allergies?

- YES *If yes, provide some information about your medication(s):*
 - Name _____ Dose _____ Time(s) _____
 - Name _____ Dose _____ Time(s) _____
 - Name _____ Dose _____ Time(s) _____
- NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any medical health conditions (check all that apply)?

- NONE
- ASTHMA
- DIABETES
- HEART DISEASE
- EPILEPSY
- HEPATITS A/B
- HEPATITIS C
- HIV/AIDS
- ADDICTION
- ARE YOU PREGNANT? *If yes, how far along?*

- OTHER HEALTH CONDITION NOT LISTED:

Do you take medication to treat your health conditions?

- YES *If yes, provide some information about your medication(s):*
 - Name _____ Dose _____ Time(s) _____
 - Name _____ Dose _____ Time(s) _____
 - Name _____ Dose _____ Time(s) _____
- NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any visible or invisible disabilities you would like us to know about?

- YES *If yes, please identify any supports you would need to fully participate.*
- NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Health Information Continued

Do you have any mental health concerns or conditions (check all that apply)?

NONE

ADD/ADHD

OCD

ANGER ISSUES

OTHER MENTAL HEALTH
CONDITION NOT LISTED:

ANXIETY

FASD

SCHIZOPHRENIA

DEPRESSION

SELF-HARM

EATING DISORDER

Do you take medication to treat your mental health concerns or conditions?

YES *If yes, provide some information about your medication(s):*

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

Name _____ Dose _____ Time(s) _____

NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any other needs or concerns that the Fed should be aware of or may need to pay special attention to?

YES *If yes, please describe.*

NO

GUARDIAN'S INITIALS AS VERIFIED: _____

Criminal History

Have you been convicted of a criminal offence?

NO YES *If yes, please describe.*

Are you on probation?

NO YES *If yes, please provide your probation officer's contact information.*

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EMAIL _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Federation of BC Youth in Care Networks Values Code

The Fed Values Code is an evolving document that is a collection of values that all youth members, participants, staff and adult supports are accountable to when attending or participating in Fed run programs, events, outings, and social media. Disregard for the Values Code will have consequences that may include removal from an event or activity and future events or activities. The Fed staff are committed to ensuring that Fed events are safe and comfortable for all youth to participate in.

The Fed Values: Acceptance and Tolerance

Accept people for who and what they are and their experiences. Recognize that even if we disagree, we can still have positive and meaningful connections.

The Fed Values: Kindness and Consideration

Respect inclusive and preferred pronouns and avoid the use of derogatory language. Express yourself with respectful words. Hate speech, offensive language and discrimination of any kind (gender, race, sexuality, age, religion, ability, size etc.) is not tolerated and will result in one warning, followed by removal from the Fed event or space if the behavior continues. Examples of derogatory language: "That's so gay" - offensive to the LGBTQ2S Community; "You guys" - offensive to gender non binary and gender non-conforming youth; "That's crazy"- offensive to those with mental health struggles.

The Fed Values: Participation and Cooperation

While participating in a Fed event, engage in the ways you are able to, stay on site for the duration of the event, listen to staff/adult support instructions and ask for a break/space if you need it.

The Fed Values: Discretion

Respect the boundaries, privacy and personal space of others. Sexual contact is not appropriate while at Fed events. Physical contact and taking photos of someone can make them uncomfortable; let's minimize this by asking before touching each other and asking before taking photos.

The Fed Values: Gratitude

If you appreciate someone for their words or actions, let them know!

The Fed Values: Honesty

Lying and stealing create an adverse and unsafe environment. Please help maintain the positivity of Fed events by employing honesty. Always feel free to express your honest opinions or concerns.

The Fed Values: Spaces free of prohibited substances

Leave alcohol and illicit drugs at home and sign in all medication to staff. Be mindful that there are folks in recovery, and they should not have to be worried about exposure and relapsing in this environment. Be mindful that there are underage youth at Fed events. The use of prohibited drugs or misuse of prescription drugs will result in immediate removal from the Fed event with a follow up meeting to decide participation in future Fed events. Please note that while attending Fed events no members, alumni, staff, adult supports or board members can enter age exclusionary establishments like bars and clubs. Example of prohibited use or misuse: being in possession of marijuana/alcohol, dosage abuse, selling or sharing prescription medication, selling cigarettes, consuming energy drinks, etc.

The Fed Values: Unity

We come together to make connections and great memories. Make an effort to include everyone and empower one another to do our personal best. Be willing to meet people where they are at. Work to understand that our individual experiences and trauma impact us all differently.

The Fed Values: Safety and Privacy

Fed events are a safe space for all. Weapons and violent or aggressive words, actions or threats will not be tolerated. We respect everyone's right to privacy. Youth cannot enter rooms/cabins to which they are not assigned.

The Fed Values: Confidentiality

The Fed respects folks' confidentiality and consent. Be mindful when taking photos and sharing stories at Fed events. Not everyone consents to having their photos and/or stories shared publicly (i.e. social media). Our goal is to create an environment where youth feel empowered to share their stories without fear of it being shared without their consent.

The Fed Values: Respect for the shared space and land we use

The Fed acknowledges that many of our events take place on unceded territories in BC. We will honor the land we use by leaving it as we found it, and respecting others that use the space.

Note: Breaking a rule under the Values Code will result (at minimum) in the participant not being invited to attend the next networking event; further consequences may be applied depending on the circumstances. If you have a question or concern about any of the rules outlined in our Values Code, or how they apply to you or any other participant, please speak to a Fed staff member, Board member or an identified adult support person immediately.

By signing below you acknowledge that you have read the Values Code. Any violations that occur upon arriving at the Fed event will be taken seriously and acted upon accordingly.

YOUTH SIGNATURE _____ **DATE SIGNED (MM/DD/YYYY)** _____

GUARDIAN SIGNATURE _____ **DATE SIGNED (MM/DD/YYYY)** _____

By signing below, I understand that:

1. My participation may be restricted, or I may be required to leave the event if the questions on this registration form have not been answered completely and honestly or if I break the Values Code.
2. If I do require special attention or do need a caregiver for daily activities that it is my responsibility to have someone available for my needs.
3. I must tell the Administrative Coordinator of any changes to the information provided on the registration form BEFORE my arrival at the event.
4. If I am under 19, the Fed may contact my caregiver and/or social/youth worker to confirm the information provided.
5. By signing, I confirm that all information provided on the registration form is accurate and complete and that I have read and understand the Values Code.

YOUTH SIGNATURE _____ **DATE SIGNED (MM/DD/YYYY)** _____

GUARDIAN SIGNATURE _____ **DATE SIGNED (MM/DD/YYYY)** _____

Event Subsidy Form

Youth 19 to 24 years old

- I AM REQUESTING A SUBSIDY THAT COVERS THE FULL AMOUNT OF THE COST OF THE CAMP.
- I AM REQUESTING A SUBSIDY THAT COVERS THE FULL AMOUNT OF MY TRAVEL EXPENSES (FERRY, FLIGHT, BUS, ETC.)

YOUTH SIGNATURE _____ **DATE SIGNED (MM/DD/YYYY)** _____

To be completed by Fed staff only:

STAFF INITIALS (FOR APPROVAL) _____ **DATE SIGNED (MM/DD/YYYY)** _____



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Photo Consent Form

During events and activities hosted by the Federation of BC Youth in Care Networks, such as Steering Committee Meetings, Holiday Parties, Awards Ceremonies, Special Events, etc., we take photos that include young people, alumni, and adults. We use these photos in our Power Pages magazine, on our website, in reports, and sometimes in information sheets and brochures. It is Fed policy that names, ages or addresses are not used to identify youth under the age of 19 in these photos. Social workers, please note that this is in line with MCFD policy for use of photos of children and youth in care.

Consent: I hereby give the Federation of BC Youth in Care Networks, its employees and those acting with its authorization the right and permission to use and/or publish photographs of me in promotional materials, which may include Power Pages, brochures, information sheets and the Federation of BC Youth in Care Networks website (www.fbcyicn.ca). I hereby waive any right to inspect or approve the finished or publicized photographs. Signing this form will be deemed as consent with the above. A parent or guardian must sign this release form if the individual photographed is under the age of 19 years. If the youth/participant are under the age of 19 both signatures of participant and guardian must be signed. I hereby authorize the Federation of BC Youth in Care Networks to allow photographs taken for the following (select yes or no):

- YES NO Power Pages & magazines (including covers)
- YES NO Reports & info sheets (including covers)
- YES NO Promotional materials (brochures, posters, etc.)
- YES NO FBCYICN website
- YES NO FBCYICN social media (Facebook, Instagram, Twitter, YouTube)

Note: We will do our best to ensure youth's privacy is respected but we cannot control other youth posting photos to social media.

FIRST NAME _____ LAST NAME _____

BIRTH DATE (MM/DD/YYYY) _____ AGE _____ MY GENDER IS _____

MY PRONOUNS ARE (EX. SHE/HER/HERS) _____ ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ PHONE (2) _____ EMAIL _____

YOUTH SIGNATURE _____ DATE SIGNED (MM/DD/YYYY) _____

GUARDIAN SIGNATURE _____ DATE SIGNED (MM/DD/YYYY) _____

If consent is not given, please indicate why:

- Court-ordered restriction
- Immediate safety concern
- Other (please specify): _____

Please note that if you have given consent and want it changed, you must notify us immediately.

Phone: 604-527-7762
Email: info@fbcyicn.ca



SASAMAT OUTDOOR CENTRE

Play, learn, grow, lead in the outdoors!

Challenge Course User Information & Health Form

Sasamat Outdoor Centre is committed to delivering unique and exciting programs that will lead to positive growth and development in all individuals, groups, organizations and communities. Because of the physical nature of the challenge course programs (climbing wall, vertical playground and/or high ropes) all participants are required to provide accurate health and medical information. This information will better help our instructors to tailor an experience that best supports you and/or your group. All health information will be held in the strictest confidence and not given to a third party.

User Information:

Name of Group: _____ Date of Program: _____

Name of Participant: _____ Date of Birth: _____

Home Address: _____ City: _____ Postal Code: _____

Phone # (home): _____ Email: _____ Care Card #: _____

Emergency Contact Name: _____ Relationship: _____

Home Address: _____ City: _____ Postal Code: _____

Phone # (daytime): _____ (evening) _____

Health Information:

Please list any disabilities, special needs, heart conditions, illnesses or operations and any subsequent limitations:

Please list any medications, prescribed or otherwise, currently being taken (**Please indicate/bring Epipen(s) if required**):

Please list any allergic reactions to medications, food or environmental factors:

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a fear of heights? Yes No

Are you pregnant? Yes No

Please describe any previous emergency treatment (injection, doctor, emergency room, hospital) in detail:

Consent, Disclosure & Acknowledgment of Risk Agreement

The Challenge Courses at Sasamat Outdoor Centre utilize activities that require a high level of physical activity. As a participant, you may be involved in activities such as: high ropes, climbing wall and/or vertical playground activities. Sasamat Outdoor Centre utilizes a *Challenge By Choice* approach in all of its challenge course programs. This means that Sasamat Outdoor Centre staff will provide a variety of physically challenging activities that will empower you to make choices about your own level of involvement. Sasamat Outdoor Centre is committed to ensuring your safety at all times. Our staff will provide you with safe instruction, high quality equipment and appropriate supervision for all activities. You must do your part by following all safety policies and procedures that are outlined during the course of the program. In order to protect you from harm you will be protected by a "belay" system while involved in all challenge course activities.

As a participant in the Challenge Courses at Sasamat Outdoor Centre you are required to complete the following *Consent, Disclosure & Acknowledge of Risk Agreement*:

I/we, the undersigned, give Sasamat Outdoor Centre (Sasamat) permission to have a physician tend to me/us should it be considered necessary. It is understood that Sasamat and its staff are not responsible for the cost of medical care or any other associated expenses.

I/we am/are aware that the program that I/we am/are undertaking constitutes a course undertaken at the sole discretion of the undersigned. I/we am/are further aware that this challenge course, in addition to the usual risks inherent, has additional risks which may include but not limited to:

1. Physical exertion for which I/we may not be prepared
2. Environmental hazards
3. Remoteness from medical services

I/we understand that there are inherent risks involved. I/we am/are of all inherent risks, including the possibility of personal injury, death, property damage or loss resulting there from. I/we acknowledge that the enjoyment of Outdoor Activities is derived, in part, from the inherent risks incurred by challenge and activities beyond the accepted safety of home, work or school, and that these inherent risks contribute to such enjoyment, being a reason for my participation.

In entering into this agreement, I/we am/are not relying on any oral, written or visual representation or statements by Sasamat, its officers, employees, instructors, agents of representatives (collectively, the Staff) or any other inducement or coercion to go on the program, only of my own free will.

I/we agree to participate and follow the rules and directions of the Sasamat instructor(s) with regards to rules and safety requirements.

I/we hereby confirm that I/we am/are at an age of legal consent and that I have read and understood this Agreement prior to signing it, and agree that the Agreement will be binding upon our heirs, next of kin, executors, administrators and successors signing it, and agree that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of Canada.

Name of Participant: _____
Please Print

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____
(if under 18 years of age)

DATE: _____

Photo Release:

I give permission for photographs of me (or my child) to be used by Sasamat Outdoor Centre for promotional purposes.

Participant Initials: _____ or Parent/Guardian Initials: _____