

FOUR ARROWS REGIONAL HEALTH AUTHORITY &

NATIONAL ABORIGINAL YOUTH SUICIDE PREVENTION STRATEGY (NAYSPS

Regional Youth Gathering



Four Arrows and the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) are hosting a Regional Youth Gathering.

When? August 27, 28, 29 2013

Where? Wasagamack First Nation

Who should attend?

Island Lake youth between the ages of 15-30 who want to learn and participate in activities that promote personal health and wellness. The gathering will include workshops, sessions, and activities that promote healthy lifestyles. There is no registration fee, but **YOU MUST COMPLETE A REGISTRATION FORM**, no exceptions.

We have limited space available for the following communities; twenty (20) youth from St. Theresa Point, twenty (20) youth from Wasagamack, twenty (20) youth from Garden Hill, four (4) youth from Red Sucker Lake.

In total we are expecting 64 youth to attend and participate in the gathering. Participants will be decided through their registrations submission on selection criteria. If there are a lot of submissions, a waiting list will be created and applications will be placed on the list as they are received.

Getting to the Gathering:

Transportation will be available to all participants, you will be contacted with your departure time. Transportation will begin on Monday August 26st at (noon) 12:00 pm sharp. IT IS YOUR RESPONSIBILITY TO MEET YOUR BOAT TAXI ON TIME.

Participant will be transported to the camp site once they arrive in Garden Hill.

At the Gathering...

Upon arrival, you will be directed to your campsite and will have time to set up.

During the set-up time, breakfast and refreshments will be available and you will have time to familiarize yourself with the camp and organizers.

All your main meals will be provided at the camp. If you choose, you are more than welcome to bring extra snacks for yourself.

The agenda and any workshop material will be available to you once you are in your group. Groups will be predetermined, so you will have the opportunity to meet new friends. Each group will have a main leader/chaperone, so if you have any problems or needs you will have someone to help you.

What do I need to bring?

- Tent
- Sleeping bag/blankets, pillows
- Clothing
- Air mattress (optional)
- Towels
- Hat
- Shampoo, soap, toothbrush, toothpaste
- Brush
- Medication
- A blanket to sit on
- Feminine products
- Extra shoes

Some things you may want to bring just in case:

- Snacks
- MP3
- Cell phone
- Radio
- Money
- If you are over 18 and smoke, you are expected to provide your own cigarettes.
- Books

Please try not to over pack but make sure you have enough for the three days ©

Where to pick up/drop off registration forms?

Completed registrations can be submitted to the local NAYSPS worker:

Garden Hill: Tyrone Munroe – 456-2404 Wasagamack: Simone Andrews – 457-2508 St. Theresa Point: Jerome Harper – 462-2410

Red Sucker Lake: BF/BHC Program/Tom Keno 469-5229

OR FAX DIRECTLY TO FARHA (204) 982-3359

****REGISTRATION DEADLINE IS AUGUST 22, 2012 AT 5:00 PM SHARP****



FOUR ARROWS REGIONAL HEALTH AUTHORITY

NATIONAL ABORIGINAL YOUTH SUICIDE PREVENTION STRATEGY (NAYSPS)

Regional Youth Gathering

Date: August 27-29, 2013

Location: Wasagamack First Nation

Application Deadline: August 22, 2013 at 5:00 p.m.

DELEC	FATE	REGIS	TRA	ΓΙΟΝ

First name:		Last nam	e:		_
Age:	Birthday (d/m/y):		Gender:	Male	Female
Address:			_ Phone:		
Cell Phone:		Email:			
Responsibility	of Delegates:	ve read and agre	e to the follow	ing resnons	cihilities

ease read and sign to indicate that you have read and agree to the following responsibilities.

- ➤ I will attend all three days of the Youth Gathering.
- ➤ I will attend all daily workshops and will be on time.
- > I will abstain from the use of alcohol, drugs or any other substance while representing my community as a youth delegate.
- ➤ I will make a strong effort to participate in all discussions and activities.
- > I will adhere to the rules and direction from the organizers, to ensure that the safety of myself and other delegates are ensured.
- > I understand that failure to uphold my commitment as a youth delegate my participation in the gathering may be terminated as decided by the organizers.

Delegate Signature	Date	

Parent/Guardian Authorization (F	or delegates under the age of 18):
I, parent/guardian of	, grant permission for my child to
attend the FARHA Youth Gathering	. I understand that supervision will be provided for my child
and in the case of emergency, the em	nergency contacts will be notified immediately.
I understand that FARHA assumes n	o responsibility for any injuries, lost or stolen property.
Parent/Guardian	Date
EMERGENCY CONTACT INFO	RMATION:
Name:	Relationship:
Phone number:	Cell number:
Name:	Relationship:
Phone number:	Cell number:
Consent Form for Sexual I	Health Education for Youth Under 18 Years of Age
Dear Parents or Guardians:	
	uth Gathering that is hosted by Four Arrows Regional Health al Aboriginal Youth Suicide Prevention Strategy (NAYSPS).
activities, the goal is to create awaren	resentation on Sexual Health, we are do not promote sexual ness on sexual health issues such as Sexually Transmitted naking positive decisions about sexual relationships.
The presentations may include graph and safe practices demonstrations.	ic images of reproductive organs, discussions about sexuality
This workshop is to provide accurate workshops will be conducted by a qu	e information and to dispel myths about sexual health and the nalified nurse.

It is important to our organization that we have the consent of the parent(s)/guardian(s) before

allowing a youth to participate in the workshop.

Sexual Health Education Parental Consent Form

(For youth under the age of 18)

Name of participant	
I, consent to having my chil youth gathering.	ld participate in the sexual health workshop at the
I, do not consent to having at the youth gathering.	my child participate in the sexual health workshop
Signature of Parent/Guardian	 Date