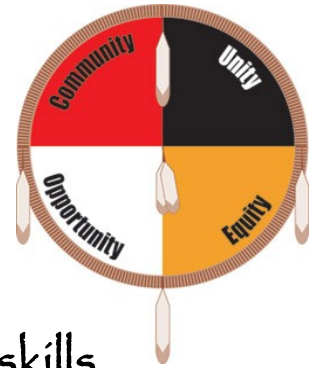


Sacred Circle Youth Leadership



A Culturally based Pre-Employment training and skills development program for Youth 12 and up!

**Information &
Family Night Open
House**

**January 19th
Victoria Native
Friendship Centre
6:00 - 7:30**

**In the
Amphitheatre!
Snacks provided**

What can you learn?

Team building

Elder Teachings

Traditional decision making

Public speaking

Healthy relationships

Nutrition and wellness

Resumes/Cover Letters

Outdoor Leadership training

First Aid, Customer service and WHMIS

Ready to Rent Certificate

Volunteer and Mentoring

When does it run?

January to June

Thursdays, 5:30—8:00 PM

VNFC Amphitheatre

231 Regina Ave, Victoria BC

**Contact
information:**

Sabrina Williams
Surrounded by Cedar Child & Family Services
250-383-2990
sabrina@sccfs.com



Seneca Ambers
Victoria Native Friendship Centre
250-384-3211
Seneca.a@vnfc.ca





Surrounded By Cedar Child and Family Services



PHOTO CONSENT RELEASE FORM

Description of Photo or Information:

Sacred Circle Leadership Programs and affiliated programming

Participant's Name: _____

Parent/Caregiver name if Subject is a Minor: _____

We/ I understand that our/my daughter, son's photograph, words or work may be considered for publication in our quarterly Newsletter, or website. The aforesaid may feature photos by your child/youth, and may have images of your child/youth.

We/I understand that the photograph or work will give photo credit to your child/youth. All photo/ information release forms will be kept on site at Surrounded by Cedar Child and Family Services.

I hereby give my permission for the photo/ work as described above to be put in your Newsletter or website

I DO NOT give my permission for the photo/ work as described above to be put in Newsletter or website

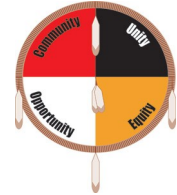
Parent's/Caregiver's Signature: _____ Date: _____

SCCFS or VNFC Representative: _____ Date: _____
Or Witness if offsite

Protected once submitted to SCCFS

Sacred Circle Youth Leadership Program

**JANUARY TO JULY
2012**



Participant Information

Page 1 of 2

First Name _____ Last Name: _____ Gender: _____

Address: _____ City: _____ Postal Code: _____

Home Phone (____) _____ Cell (____) _____

Participant E-Mail : _____ Participant Cell: _____

Age: _____ Date of Birth: _____ - _____ 19 _____ Cultural Background/Nation: _____

School or Educational Institution: _____ Grade or area of study: _____

Caregiver/Parent : _____ tel/cell : _____

If Applicable: Social Worker: _____ Worker's Phone (____) _____

Social Worker's e-mail: _____

Emergency Information

Emergency contact person: _____ Emergency Phone (____) _____

Medical Card #: _____ Family Doctor _____ Doctors Phone: (____) _____

Health: What do we need to aware of? Please check if applicable

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional/Psychological | <input type="checkbox"/> MEDICATIONS : Please describe: _____ |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Intellectual | <input type="checkbox"/> Medical restrictions | _____ |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Learning | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Physical Limitations or disabilities : _____ | |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> Allergies | <input type="checkbox"/> Challenges : | |
| <input type="checkbox"/> Phobias: (Water, Heights, dark, etc) _____ | | | |

Checklist and Consent- A complete application includes:

- Sacred Circle Leadership Registration form
- A signed Waiver Form: — **NOTE: If the youth is in care it needs to be signed by the Youth's social worker**

I understand the Leadership staff team reserves the right to remove a participant from the program if deemed necessary to ensure the safety and wellbeing of other participants. I may be contacted to pick up my child if necessary. I the parent/guardian, give permission for my the above named youth to participate in the Sacred Circle Leadership Program including scheduled outings in the Greater Victoria area, and planned activities or overnight camps as program planning permits. I understand that care and attention will be given to the safety of all participants but that Surrounded by cedar Child and Family Services, the Victoria Native Friendship Centre, contractors or volunteers cannot be held liable for any injury or loss, which was not directly caused by their failure to take due care. I have also honestly disclosed all of the information requested in the above questions.

Parent/Caregiver Signature (if under 18) _____ Date: _____

Participant Signature (if over 18) _____ Date: _____



ALL INFORMATION CONTAINED HEREIN IS HELD IN STRICT CONFIDENCE: INFORMATION COLLECTED HELPS MAINTAIN SAFETY FOR ALL PARTICIPANTS AND HELPS US ADJUST STAFFING IF NECESSARY. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PROGRAM COORDINATOR AT 250 383-2990 THANK-YOU To fax your registration: 250 383-2509



I have honestly disclosed all of the information requested in the above questions.

Parent/Guardian Signature: _____