



# Gibimishkaadimin

Realizing Truth and Reconciliation as We Paddle Together

Gibimishkaadimin 2020 will be a journey of building relationships for Indigenous youth from across Canada and for non-Indigenous from Shining Waters (Region 10). Youth must be 14 to 18 years old on August 21, 2020. Youth will arrive in Toronto on August 21, travel by bus to Temagami, canoe, spend time on Bear Island, land of the Temagami First Nation, and then return home on August 29, 2020.

- The trip includes paddling canoes for 4 to 5 hours a day, portaging canoes and supplies, cooking out of doors and sleeping in tents.
- Gibimishkaadimin has a no smoking, no vaping, no alcohol and no street drugs policy.
- When they return home, youth will be expected to do a project of reconciliation within their community.
- There will be a Reunion of all youth in the spring of 2021 in Toronto.
- If chosen, the cost of travel and all other expenses will be paid for by the Project.

## Application Form Applications are due on March 31, 2020

Fill in the application form below and return it by mail or fax (details on last page) – Or, use the Online Application Form - [tinyurl.com/gibiapp](http://tinyurl.com/gibiapp)

### Youth Information

Youth's name

Youth's Email (if any)

Date of Birth

Gender Identity

Address

Youth's Cell Phone (if any)

Please tell us the ethnic group that you identify with:

If you are Indigenous, please tell us your nation/community/land claims settlement:

**If you are First Nation, please tell us if you live on reserve or off reserve:**

\_\_\_ on reserve

\_\_\_ off reserve

**What is your connection to The United Church of Canada (if any):**

**What is the name of your Congregation, if any:**

**Please tell us why you, the youth participant, would like to participate in Gibimishkaadimin:**

(150-200 words)

## Parent/Guardian Information

Name(s) of Parent(s)/Guardian(s):

Email of 1<sup>st</sup> Parent/Guardian:

Email of 2<sup>nd</sup> Parent/Guardian - if applicable:

Main Phone to reach Parent(s)/Guardian(s):

Second Phone for Parent(s)/Guardian(s) - cell, work, etc. – if applicable

Third Phone to reach Parent(s)/Guardian(s) if applicable

Specify the name(s) of the people that you authorize to pick up your Youth:

Specify the name(s) of people that you **DO NOT** authorize to pick up your Youth:

First Emergency Contact: (Name, Relationship, Email, Phone Number, Address)

Second Emergency Contact: (Name, Relationship, Email, Phone Number, Address)

Any additional contact information, if any, in case of emergency:

## Health Information

Health Card Number, Version Code and Province

**Our activities include canoeing, portaging, swimming, hiking, cooking out of doors and sleeping in tents. To enjoy the trip, you must be physically fit to do these activities.**

**GENERAL HEALTH AND LEVEL OF FITNESS - Please rate your level of fitness where 1=little fitness, 2=some fitness, 3=average fitness, 4=good fitness, 5=excellent fitness**

**CANOEING FITNESS where 1=no experience, 2=some ability/experience, 3=average ability/experience, 4=good ability/experience, 5=excellent ability/experience**

**SWIMMING FITNESS where 1=no experience, 2=some ability/experience, 3=average ability/experience, 4=good ability/experience, 5=excellent ability/experience**

**HIKING FITNESS where 1=no experience, 2=some ability/experience, 3=average ability/experience, 4=good ability/experience, 5=excellent ability/experience**

**Food preferences: Are you vegetarian? vegan? Do you have food allergies?**

- Vegetarian
- Vegan
- Food allergies
- Other dietary needs
- None of the above

**Describe your food allergies or dietary needs:**

**Do you have other allergies, or any physical, mental or health concerns?**

- Yes (describe below)
- No

**Describe your allergies, physical, mental or health concerns, if any:**

**Are you bringing medications?**

- Yes (describe below)
- No

**List the medications you are bringing, if any:**

**Doctor's Name, Address and Phone Number:**

I understand that Gibimishkaadimin is a week-long wilderness canoe trip. I acknowledge that Gibimishkaadimin has a no smoking, no vaping, no alcohol and no street drugs policy that will be enforced.

\_\_\_\_\_  
Name of Youth

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

## Parental/Guardian Consent for Gibimishkaadimin 2020

Note: We can only accept applications where the Parent/Guardian gives consent to all of the permissions below.

1. I, the parent/guardian, give permission for the above-named participant to attend Gibimishkaadimin and participate in all the activities in the program.
2. I, the parent/guardian, have disclosed all pertinent medical information including medications. I give permission to allow the named Family Doctor to give medical information should it be required. If I cannot be contacted, I permit the leaders of the program to use their judgement in determining the extent of immediate medical care as required and the possibility of using the emergency services of a hospital or clinic.
3. I, the parent/guardian, understand that Gibimishkaadimin has a no smoking, no vaping, no alcohol and no street drugs policy for all participants while on the trip. If a Program staff has reasonable cause, I give my permission for a search of my youth's belongings. I understand that Gibimishkaadimin and the Program Leaders have the right to dismiss a participant, who, in their opinion, has displayed unacceptable behaviour.
4. I, the parent/guardian, give permission for the participant named above to have their picture taken during the program and give Gibimishkaadimin permission to use the picture in promotional material including the Gibimishkaadimin website and Facebook page, The United Church of Canada print and electronic media, and related sites.

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Signature of Parent/Guardian

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Date

### Questions & Comments

### Return the form by March 31, 2020

- by mail: Gibimishkaadimin 2020, c/o Bloor Street United Church, 300 Bloor Street West, Toronto, ON, M5S 1W3
- by fax: 1-416-924-1889
- email: [gibimishkaadimin@gmail.com](mailto:gibimishkaadimin@gmail.com)
- Or, use the Online Application Form - [tinyurl.com/gibiapp](https://www.tinyurl.com/gibiapp)

**Gibimishkaadimin is a project within the United Church of Canada in partnership with Bloor Street, Fairlawn and Rosedale United Churches. It is funded from a bequest from Helen Ricker, grants from The United Church of Canada, Toronto United Church Council, Toronto Conference, and individual donors.**