EXTRA CURRICULAR ACTIVITIES CONSENT FORM

During the three months of care, extra curricular activities will be provided. Staff will always be in attendance and safety will be predominant during our outings. This is to provide consent for outdoor activities such as:

- Winter Activities
  Skating / Ice Fishing / Hockey / Sledding etc.

- Summer Activities
  Swimming / Boating / Fishing / Hiking / Biking / Canoeing / Sports etc.

- Cultural Program
  Sweats / Smudging / Medicine Walks / Teepee Teachings / Feasts / Horse Program, etc.

I _____, give my consent for _____
(Parent / Guardian) (Youth)

to attend activities that are identified above or provided during the course of their treatment.

_____
(Signature)

Dated _____