



August 21st -22nd, 2017



*Are you between the **ages** of 7-12 and love to try new sports and play fun games?
We hope to see you at our Xplore Sportz Summer Camp!!*

TIME: 9:00am – 3:00pm

FREE!!!



Open to Adam Lake Indian Band, Little Shuswap Indian Band & Neskonlith Indian Band youth!!!

Please see your youth worker to register your child by picking up a registration form for them.

Sandy Lund – Adams Lake
Andrea Stelter – LSIB
Nicole Wycotte- Neskonlith

Transportation provided...get details from your Youth worker.

HELD AT: GYMNASIUM,
ADAMS LAKE INDIAN BAND, BC



Xplore Sportz will introduce you to:

- Wheelchair Basketball
- Ultimate Frisbee
- Tennis



Bring a lunch, swimming suit/towel, sunscreen and bug spray as we may spend time outdoors.

CONTACT Information:

Sandy – 250-679-8841 (ext. 2216), slund@alib.ca
Andrea – 250-679-3702, astelter@skwlaxwellness.com
Nicole – 250-679-2963, youthworker@nekonlith.net



ISPARC
Indigenous Sport,
Physical Activity & Recreation Council

**Pacific
SPORT**



Neskonlith Indian Band
W... ..





Xplore Sports Camp

Participant Registration Form

Ages 7-12 only

Program Date: Aug 21st – 22nd, 2017 Times: 9am – 3:00pm Location: ALIB Gym

Childs Name _____ Age _____ Band _____
Parents Name _____ Home Phone _____ Work Phone _____
Emergency Contact _____ Phone _____

My child will be picked up by: _____

Please outline any health concerns your child might have. (including allergies, diagnosed behavioral issues, asthma, epilepsy, heart conditions, etc.) Use the back of this sheet if needed.

Although Little Shuswap Indian Band, Adams Lake Indian Band, and Neskonlith Indian Band takes extreme pride, care, and measures to deliver an absolutely exceptional program while at the same time adhering to the most stringent codes of safe practice, by signing this permission form and allowing your child to participate in this program, you agree that you can not hold liable Little Shuswap Indian Band, Adams Lake Indian Band, and Neskonlith Indian Band, and any of its Directors, Volunteers, or Employees responsible for any injury, loss of property, or anything else, due to accident, inappropriate behavior on the part of the children, or for any other reason whatsoever.

I give my child permission to attend the LSLIB/ALIB/NIB Camp Program. Signed _____
Date _____

Participants must bring their own lunch and swim gear.