Braiding Stories to Live By
An Indigenous Young Women’s Summer Gathering
Fort McMurray, Alberta

July 15-19, 2019
Celebration: July 19th at 1 pm.

Coordinator: Kyla Cardinal
Website uab.ca/braid
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BStLB Cell: 780 715 4694

Thank you for your interest in attending our first annual Indigenous Young Women’s Summer Gathering ~ Braiding Stories to Live By. This summer gathering, a non-profit project, has been created for Indigenous Young Women ages 10-16. The young women will gather together and participate in experiences designed to help them to think about what it means to be an Indigenous young woman in today’s society and learn more about the many ways to create a happy, healthy well-balanced life. We will be sharing the teachings of Indigenous Elders, Indigenous Language knowledge holders, contemporary Indigenous women as well as other teachings about mindfulness, nutrition and wellbeing. The gathering is also a space for the young women to share with us who they are and who they hope to become as part of our combined inquiry into identity.

See here for a University of Alberta article interview with Dr. Trudy Cardinal: https://illuminate.ualberta.ca/content/weaving-intergenerational-wisdom-strength-and-resilience

DATES AND TIME

The summer gathering is Monday to Friday from 9:30am to 4:30pm. Indigenous young women who will be age 10-16 at the time of gathering may apply.

SUMMER GATHERING SITE
Fort McMurray Tarsands Lions Club at 3 Tolen Drive, Fort McMurray, Alberta

APPLICATION PROCESS
Summer gathering enrollment is first come, first served. You can email the registration form to bstlb@ualberta.ca, or hand in a hardcopy to any of the team members.

FREE for the Indigenous Young Women

The Braiding Stories to Live By project is made possible by donations from Urban Systems Foundation, Pembina Pipeline Corporation, and Barry and Suneeta Jobanputra through the Aabhaar Fund, as well as several other generous individuals. As a nonprofit, the works all year long to keep the cost free, and to be able to continue to offer rich and diverse experiences. If you are interested in becoming a sponsor you can contact Sean Mowat at smowat@ualberta.ca and reference the name of the project: Braiding Stories to Live By.

WHEN TO SHOW UP AND WHAT TO BRING
The summer gathering is Monday-Friday, 9:30 am to 4:30 pm, with a Celebration on Friday at 1
pm. Snacks will be provided in the morning and afternoon with a full lunch around mid-day. The young women should bring any extra snacks they may want, wear comfortable clothing and shoes, and a water bottle. Please note that if you choose to bring your own other personal items BSTLB cannot be responsible if it is lost or damaged.

**COMPLETING YOUR APPLICATION**

Complete the following, and return email to bstlb@ualberta.ca or hand in to any team member:

- Registration form
- Photo, video, audio use authorization form
- Express yourself form

Thank you so much for your interest in this Indigenous Young Women’s summer gathering!

Any photos, recorded (audio or video) and written materials created for and/or during the summer gathering are property of Braiding Stories to Live By and may be used for promotional purposes at the discretion of University of Alberta.

The policy and intent of the Indigenous Young Women’s summer gathering is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]
# Braiding Stories to Live By
## Indigenous Young Women's Summer Gathering
### REGISTRATION FORM

## 1. YOUNG WOMAN AND PRIMARY CONTACT INFORMATION

| Name of Young Woman: ____________________________ | Date of Birth: ____________ |
| Age (at the time of gathering): ________ |
| Preferred name to be called (if different): ____________________________ |
| Name of School: ____________________________ | Grade: ________ |
| Name of Parent/Guardian/Primary Contact: ____________________________ |
| Mailing Address: ____________________________________________________________ |
| City: ____________________________ | Province: ____________________________ | Postal Code: ____________ |
| Home Phone: ____________ | Cell Phone: ____________ | Work Phone: ____________ |
| Email address you check frequently: ____________________________ |
| Best way to contact you? (circle one) Home Phone ____________________________ Cell Phone ____________________________ Email ____________________________ |

## 3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

| First Contact’s Name: ____________________________ | Relationship: ____________________________ |
| Home Phone: _____ - _____ - _____ | Work/Cell Phone: _____ - _____ - _____ ext _____ |
| Second Contact’s Name: ____________________________ | Relationship: ____________________________ |
| Home Phone: _____ - _____ - _____ | Work/Cell Phone: _____ - _____ - _____ ext _____ |

## 4. SAFETY INFORMATION (please list all known conditions so we can accommodate the young woman's needs)

Does the young woman have any medical conditions, allergies, or special needs the staff should know about?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Does the young woman have any behavioral or emotional issues the staff should know about?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Is the young woman taking any medications to treat these conditions?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

7. OTHER INFO

Is there anything else you would like us to know?

I verify that all the information I have provided in this document is true to the best of my knowledge.

X_______________________________________________________________________________

Your signature                                      Date

Reminders:

☐ Fill out the Registration form
☐ Fill out the Photo, Video, Audio Use consent form
☐ Fill out the Express Yourself form
☐ Email to Kyla Cardinal at bstlb@ualberta.ca or hand in to any of the team members.
This form is an Authorization to Reproduce Physical Likeness / Voice and or Name / Student Work For Educational, Marketing and Advertising Purposes

PRINT (below) - First and Last Name of Individual

_______________________________________

Parent / Guardian (If Individual Under 18 Years of Age)

_______________________________________

Address of Individual

_________________________________________

Address of Parent or Guardian

_________________________________________

_________________________________________

Telephone Number of Individual

____________________________________________

Telephone Number of Parent or Guardian

_________________________________________

REPRODUCTION RIGHTS

I HEREBY GRANT TO THE UNIVERSITY OF ALBERTA, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to (check which you consent to):

☑ Photograph ME
☑ Make recordings of MY VOICE
☑ Make combined audio-visual recordings of ME and MY VOICE
☑ Photograph and make recordings of MY ART WORK & OTHER CREATIONS.

I CONSENT TO THE USE OF THESE RECORDINGS BY THE UNIVERSITY OF ALBERTA for educational materials, publications and other consistent purposes. I hereby assign and transfer to the University of Alberta all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of the University of Alberta, worldwide, in perpetuity or for the dates specified: ____________________________.

Intended uses:
1. Braiding Stories to Live By Website (Faculty of Education, University of Alberta)
2. Social Media (eg. Instagram, Twitter) to celebrate our successes and experiences.
3. Advertisement, recruitment and promotion.

CONSENT TO DISCLOSE IDENTITY

Individual’s identity, as indicated below, MAY or MAY NOT _________________ (write may or may not) be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized University of Alberta website, such as www.ualberta.ca . Consent takes effect when this agreement is signed. If you are giving consent circle which you consent to: FIRST AND LAST NAME or FIRST NAME ONLY

_______________________________________

Signature of Individual (If Over Age 18) Date

Date Signed: __________________________

_______________________________________

Signature of Guardian (If Individual is Under 18)

Date Signed: __________________________

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act, and will be protected under Part 2 of that Act. It will be used for the purpose of educational, marketing and/or advertising purposes as agreed to above. Questions concerning the collection, use and disposal of this information should be directed to: [contact position, full address, and business telephone number]. This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules. Also note that consents may be revoked at any time by so indicating, in writing, to the office seeking consent.
Last Name ______________________ First Name ____________________ Age _____

1. Please answer

❑ Who are some of the women that inspire you and how did you find out about them?

❑ What are the qualities of yourself that you are the most proud of?

❑ What is an obstacle in your life that you have had to overcome and how did you deal with it? 
Or, how are you overcoming an obstacle in your current life?

❑ What would the world look like if there were equal representation of Indigenous women in the media, music, movies, and other aspects of mainstream culture?