

Indigenous Student Mini-University Camp 2025

Application Requirements:

- Applicants must be entering Grades 9 to 12
- Be residents of British Columbia, Yukon or Northwest Territories
- Be of Indigenous ancestry: status, non-status, First Nations, Métis and Inuit
- Application must be received by **May 30th, 2025 at 4:30pm**
- Accepted students will be notified by June 6th, 2025

A Complete Application Package Must Include:

- A completed General Application Form
- A signed Parent/Legal Guardian Consent Form from the applicant's parent/legal guardian
- A signed and complete Rules and Regulations Form
- One letter of reference from a counsellor, support worker, teacher, coach, principal or someone from an Indigenous organization, or community.

Send the Complete Application Package to:

Mail to:

Lauren McLean, Mini University Camp Coordinator
First Peoples House, University of Victoria
P.O. Box 1700 STN CSC
Victoria, BC V8W 2Y2

E-mailed to: mini@uvic.ca

Faxed to: (250) 472-4952

Space is limited. Each age group, gender, and geographical region may be limited to ensure a diverse representation of students. Priority is given to first time attendees.

Camp Fees:

- A \$100 non-refundable registration fee will be required from each student participant when they are accepted into the Mini-University. Payment must be received in full by **June 20th, 2025** either via contacting mini@uvic.ca for e-transfer details or via cheque to the Office of Indigenous Academic and Community Engagement at:

First Peoples House, University of Victoria
PO Box 1700 STN CSC
Victoria, BC V8W 2Y2

- Students will be responsible for transportation to and from the University of Victoria (UVic), and for all personal spending money.
- UVic will cover all other program costs.
- An information package with camp details will be mailed upon receipt of the registration fee.

Questions? Contact Lauren McLean at mini@uvic.ca

GENERAL APPLICATION FORM

APPLICANT INFORMATION

Legal Name (First & Last): _____

Traditional Name (Optional): _____

Chosen Name (Optional): _____

Mailing address: _____

Phone Number: (_____) - _____ **Alternate Phone Number:** (_____) - _____

Email: _____

Birth date (M/D/Y): _____

Gender: Female Male Non-Binary Two Spirit **Pronouns:** _____

Is the applicant someone with trans experience (meaning their gender identity does not align with their sex assigned at birth)?: **Yes** **No**

Indigenous Ancestry: First Nations Métis Inuit

Nation: _____

If the applicant is expecting to attend with another applicant (s), please provide:

Other Applicant(s) Name(s): _____

Their relationship(s) to applicant (Sibling, cousin, friend, etc.): _____

Each applicant will receive a hoodie. Please indicate the applicant's adult hoodie size:

XS S M L XL XXL

Has the applicant participated in this camp before? **Yes** **No**

SCHOOL INFORMATION

Name of School: _____

School District (Ex: SD99): _____

Grade (starting in September): **9 10 11 12**

Name of School Representative (First & Last): _____

School Phone Number: (_____) _____ - _____

Contact E-mail: _____

GENERAL APPLICATION FORM

EMERGENCY CONTACT INFORMATION

Contact Name(s): _____

Relationship to Applicant: _____

Daytime Phone Number: (_____) ____ - _____

Evening Phone Number: (_____) ____ - _____

Email: _____

HEALTH INFORMATION

Care Card Number: _____

Doctor's Name (if applicable): _____

Doctor's Phone Number (if applicable): (_____) ____ - _____

Medical issues and special considerations (Ex: Accessibility needs, injuries, diet, allergies & medication):

If the applicant is unable to participate in a particular kind of activity, please indicate the type of activity and the reason (s) the student is unable to participate below:

Activity: _____

Reason(s) for not participating: _____

Parent/Legal Guardian Signature: _____

STUDENT APPLICANT'S SIGNATURE

Please sign below to acknowledge that the information on this application is true to the best of your knowledge and that you understand the following:

1. Attendance at camp is mandatory. Unless you are sick, you are expected to be present at the camp every day. If you leave the camp, you will be subject to being sent home at the expense of your parent(s)/legal guardian(s).
2. The University of Victoria Indigenous Student Mini-University Summer Camp program reserves the right to refuse further participation to any participant for any inappropriate behaviour and/or failure to respect the camp rules and regulations.
3. Throughout the week of the camp, all students will be supervised and must follow directions of chaperones and staff.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

What are you most excited or interested about learning or doing during your time at Mini-U?

PARENT/LEGAL GUARDIAN CONSENT FORM

I hereby grant (Applicant's Name) _____ permission to participate in the University of Victoria Indigenous Student Mini-University Summer Camp program from July 7th-11th, 2025. Please check the boxes below to indicate your consent:

I am aware that participation in recreation and athletic activity involves the risk of personal injury. Any use of equipment facilities and programs of UVic, and my or this applicant's participation in such activities shall constitute acceptance of the risk regardless of the nature of the injury. I, therefore, consent to and assume all risks and hazards of and incidental to the participation of this camp participant in the activities of UVic Indigenous Student Mini-University Summer Camp.

If I cannot be readily contacted, I authorize the University of Victoria to provide or cause to be provided such medical services as the university or medical personnel consider appropriate.

The University of Victoria Indigenous Student Mini-University Summer Camp program reserves the right to refuse further participation to any participant for any inappropriate behaviours and/or failure to respect the rules and regulations. Should the applicant fail to abide by the camp rules and regulations, I authorize UVic to have my or this student returned home at my expense.

By signing this consent, I agree to allow UVic to reproduce the likeness of this student (photo, video, etc.) in promotional materials or publications.

The information in this application is correct and I am the parent or legal guardian of this applicant.

RULES AND REGULATIONS AGREEMENT FORM

These rules and regulations are non-negotiable and are set for the best interest of camp participants, staff, chaperones and volunteers. Respect for all camp participants and camp regulations is imperative.

1. All information on application documents must be completed in order for the applicant to be considered for participation in the camp.
2. Participation in all activities is expected and required unless arrangements have been made through the applicant's parent/legal guardian and camp leaders before the start of the camp.
3. Any requested non-scheduled activities on or off-campus must be pre-arranged and pre-approved by the camp staff and the applicant's parent/guardian before the start of the camp.
4. Safety is the utmost concern for all camp participants—there will be no tolerance for inappropriate behaviour (as deemed inappropriate by camp leaders).
5. Absolutely no alcohol, drugs or smoking tolerated.
6. Camp participants must be on time for all activities.
7. Camp participants must remain in the rooms they are assigned.
8. Camp participants must be in their assigned room by 11:00 pm unless otherwise indicated by chaperones and staff.
9. Chaperones will be fully responsible for their groups of camp participants and must be consulted first and foremost with requests and/or questions regarding camp activities, schedule and regulations.
10. Applicants must have arrangements to be dropped off and picked up at the time indicated on the camp schedule (students will receive the final schedule upon acceptance to the camp once payment of registration fee is received). Please indicate who will be dropping off and picking up this student:

Name of Drop-off Person: _____

Name of Pick-up Person: _____

Phone Number: (_____) _____ - _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OUTLINED IN THE AGREEMENT ABOVE

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____