



CAFN YOUTH LEADERSHIP ACADEMY PROGRAM APPLICATION

Summer 2026



CHAMPAGNE AND AISHIHIK FIRST NATIONS

The Champagne and Aishihik First Nations Youth Leadership Academy is a dynamic, full-time summer program designed to inspire CAFN youth, as they grow their leadership skills, strengthen cultural connections, and learn how their government works. The program will run from May 25th to August 14th, 2026, in Dakwākāda (Haines Junction). Students will receive a training allowance and will be supported in a welcoming environment where they can deepen their knowledge of their language, culture, and traditions while preparing for future employment, education, and leadership opportunities. Join us for this exciting opportunity!

Applicants **must** meet the following criteria to be eligible to apply:

- I am a CAFN Citizen
- I am a youth aged 18-29.
- I am residing in Dakwākāda (Haines Junction), or I have my own accommodations for the full length of the program.

APPLICANT INFORMATION	
NAME:	DOB (MM/DD/YYYY):
ADDRESS:	
PHONE:	EMAIL:
TRADITIONAL FAMILY:	CLAN (Wolf/Crow):
EMERGENCY CONTACTS	
NAME:	RELATIONSHIP TO YOU:
PHONE:	EMAIL:
ADDRESS:	
NAME:	RELATIONSHIP TO YOU:
PHONE:	EMAIL:
ADDRESS:	

HEALTH INFORMATION

HEALTH CARE NUMBER:

EXPIRY DATE:

Do you have any allergies or special dietary needs? YES NO

Do you carry an EpiPen? YES NO

Please describe your allergy and/or dietary needs and any other relevant information that the teaching team should be aware of (provide information on a separate page if needed):

GETTING TO KNOW YOU AND YOUR GOALS FOR THE PROGRAM

What made you interested in the program?

What personal strengths do you bring that could support your learning and the learning of others?

What helps you feel comfortable, supported and able to participate fully in a learning space?

What are some goals or hopes you have for yourself now or in the future?

Is there anything else that you'd like us to know about you?

I declare that the information provided in this section of the application is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____



CHAMPAGNE AND AISHIHIK FIRST NATIONS

PHOTOGRAPHY & MEDIA CONSENT

The Champagne and Aishihik First Nations Youth Leadership Academy program brings together youth, Elders, knowledge keepers, facilitators, speakers, and the teaching team to learn, share, and grow together. From time to time, CAFN (or others involved in the program) may take photos, videos, or audio recordings to respectfully capture these experiences. These images and stories help us highlight the program to other youth who may wish to participate in the future, and they support our reporting to Chief and Council, the broader community, and program funders. Media collected may also be used to celebrate the work of participants and highlight the contributions of everyone involved in the program. Please let us know your preference regarding the use of photos, videos, or audio recordings by selecting one of the options below.

I CONSENT

I consent to CAFN capturing and using photos, videos, and audio recordings of me for:

- Program documentation
- Reports to funders
- CAFN newsletters, websites, and social media
- Educational or promotional materials

I DO NOT CONSENT

I do not consent to CAFN capturing or using photos, videos, or audio recordings of me. I understand that staff will make reasonable efforts to exclude me from media, and I will inform staff if I need support avoiding cameras or recording.

SIGNATURE:

Name (please print): _____

Signature: _____

Date: _____



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

*****BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS. PLEASE READ CAREFULLY.*****

PARTICIPANT INFORMATION

Full Legal Name: _____

Address: _____ City: _____

Province/Territory: _____ Postal Code: _____

Phone Number: _____ Email: _____

ASSUMPTION OF RISK

I acknowledge that participation in the **Champagne and Aishihik First Nations Youth Leadership Academy Program (YLAP)** may involve risks, dangers, and hazards, including but not limited to travel, outdoor activities, workshops, physical activities, and other program components. I freely accept and fully assume all such risks, including the possibility of personal injury, illness, death, property damage, or other loss resulting from my participation.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

In consideration of **Champagne and Aishihik First Nations (CAFN)** accepting my application and permitting my participation in the Youth Leadership Academy, I agree to the following:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against CAFN and its directors, officers, employees, agents, volunteers, representatives, contractors, and program partners (collectively, "the Releasees").
2. **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury, or expense that I may suffer as a result of my participation in the Youth Leadership Academy, due to any cause whatsoever, **INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE.**
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for property damage or personal injury to any third party resulting from my participation in the Youth Leadership Academy.
4. I understand that this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives in the event of my death or incapacity.

5. I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the Yukon Territory, and that any litigation involving the parties shall be brought exclusively within the Yukon Territory.

I acknowledge that I am not relying on any oral or written representations or statements made by the Releasees other than what is set out in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT. I AM AWARE THAT BY SIGNING IT, I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE AGAINST THE RELEASEES.

SIGNATURES

Participant's Name (print): _____

Participant's Signature: _____

Date: _____

Witness' Name (print): _____

Witness' Signature: _____

Date: _____

Thank you for your application to the CAFN Youth Leadership Academy! Our teaching team will be reviewing all applications and will be informing applicants of the status of their applications as soon as possible.

We wish you the best of luck!