

Gathering Our Voices

12th Annual Aboriginal Youth Conference



Gathering Our Voices Health Challenge

The goal the Health challenge is for youth to increase their daily physical activity. This increase in activity will allow youth to link a healthier lifestyle with an increased quality of life. This contest is for all youth who want to increase their physical, mental, emotional and spiritual well-being.

Guidelines

- The Health Challenge will begin September 2013 and end March 7, 2014.
- Teams/individuals can register for any 30 days between September 2013 and March 7, 2014. Youth are required to submit their Activity Tracking Charts (example below) by March 7, 2014.
- Teams/individuals are required to have a group leader over the age of 18 who will be responsible for verifying the time spent on an activity and points earned.
- Eligible teams must be made up of a maximum of 5 Gathering Our Voices delegates and be present at the conference to win.

	Day	Activity Description	Time Spent (multiplied by number of team members participating)
Example 1	M	4 team members walked around the school track for 30 minutes	30 mins x 4 ppl = 2 hours
Example 2	T	3 team members played basketball for 1 hour	1hr x 3 ppl = 3 hours
	Day	Activity Description	Time Spent (multiplied by number of team members participating)
Example 1	M	4 team members jogged for 30 minutes	30 mins x 4 ppl = 2 hours
Example 2	T	3 team members played soccer for 2 hour	2hr x 3 ppl = 6 hours

The winners will be announced at the Gathering Our Voices Youth Conference taking place in Vancouver, BC March 18-21, 2014. *Winners will be requested to submit photos of their activities and projects.*

Prizes

There will be three categories of winners:

1. Team with the highest average activity time per team member will win a mountain bike for each member of the team.
2. Individual with the highest activity time of all registered participants will win a mountain bike.
3. Each eligible team will be entered into a random draw to win a prize associated with sport/activity.

Gathering Our Voices

Health Challenge Registration



TEAM or INDIVIDUAL NAME		TEAM LEADER*
AFFILIATION		
ADDRESS		
CITY	PROVINCE	POSTAL CODE
PHONE	ALTERNATE PHONE	
FAX	E-MAIL	

**Health Challenge Leader must be 18+*

☐ I have read and agree to the guidelines of the BCAAFC – Gathering Our Voices Health Challenge

PLEASE LIST THE NAME AND SIGNATURES OF TEAM MEMBERS (minimum 1 – maximum 5)

NAMES OF TEAM MEMBERS		SIGNATURES
1	-	
2	-	
3	-	
4	-	
5	-	

It is recommended that participants consult a physician before starting a new fitness program

To submit completed applications or for further information please contact:

Della Preston, Youth Conference Coordinator
BC Association of Aboriginal Friendship Centres
551 Chatham Street, Victoria, BC V8T 1E1
Phone: 250-388-5522 or 1-800-990-2432 **Fax:** 250-388-5502

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11th Annual Aboriginal Youth Conference



Health Challenge Activity Tracking Chart Example

Team/Individual Name: BC Association of Aboriginal Friendship Centres

Start Date: Month: November Day: 15 Year 2013

End Date: Month: December Day: 15 Year: 2013

Day	Activity Description	Time Spent (multiplied by number of team members participating)
1	4 team members walked around the school track for 30 minutes	30 mins x 4 ppl = 2 hours
2	3 team members played basketball for 1 hour	1 hr x 3 ppl = 3 hours
3	5 team members went skating for 2 hours	2 hrs x 5 ppl = 10 hours
4	3 team members stacked wood for an elder for 1.5 hours	1.5 hrs x 3 ppl = 4.5 hours
5	5 team members shoveled snow for 1 hour	1 hr x 5 ppl = 5 hours
6	2 team members walked to town and back which took 2 hours	2 hrs x 2 ppl = 4 hours
7	5 members picked up garbage in the community for an hour	1 hr x 5 ppl = 5 hours

Total accumulated time spent on weekly activities:

33.5 hours

Please submit to:

Attention: **Della Preston**, Youth Conference Coordinator
BC Association of Aboriginal Friendship Centres
551 Chatham Street, Victoria, BC V8T 1E1
Phone: 250-388-5522 or 1-800-990-2432 Fax: 250-388-5502
E-mail: dpreston@bcaafc.com

Health Challenge Tracking Sheet

Day	Activity Description	Time Spent <small>(multiplied by number of team members participating)</small>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total Accumulated Time Spent:		

Team Name:

Start Date:

End Date:

Team Leader Name: _____
(Please Sign & Print Name)

Health Challenge Tracking Sheet

Day	Activity Description	Time Spent (multiplied by number of team members participating)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total Accumulated Time Spent:		

Team Name:

Start Date:

End Date:

Team Leader Name: _____
(Please Sign & Print Name)