



## SMASH Peer Leader Retreat Application

**SMASH Retreat April 8<sup>th</sup> – 16<sup>th</sup>, 2025 at Blachford Lodge, NT (young men and gender diverse youth)**

Strength, Masculinities, and Sexual Health (SMASH) is excited to announce this year's SMASH Retreat where participants will engage with and learn about art, leadership, and empowerment alongside other Peer Leaders! In this application, you'll find forms to help you apply, and information to review with your parents/guardians, or teachers. Please review all of the attached information, then complete the forms and return them to FOXY/SMASH. Send us an email ([retreat@arcticfoxy.com](mailto:retreat@arcticfoxy.com)) or give us a call at (867-444-9108) if you have any questions about the Retreat before you send in your application.

**All expenses for participants, including travel from their home communities to Yellowknife, are covered through the generous support of the Public Health Agency of Canada, the Department of Women and Gender Equality, Government of the Northwest Territories, and our other sponsors. There is no charge to any participant in the Peer Leader Retreats.**

Young men aged 13-17 from the Northwest Territories, Yukon, and Nunavut are invited to join our team for 9 days of sexual and mental health education, learning about healthy relationships, the arts, leadership, and self-empowerment. Previous experience with the arts or artistic talent is not required, but we hope you will enjoy expressing yourself through making videos and other arts! While the emphasis will not be on strenuous activity, participants should be prepared to spend time outside and engage in some moderate physical activity.

### **In This Application Package:**

- Information for participants, parents/guardians, and teachers about the Retreat Community Project;
- Retreat schedule, packing list, and important things to know;
- Registration Form A: Participant & Contact Information;
- Registration Form B: Participant Health Information;
- Registration Form C: Participant Interests
- Registration Form D: Participant Interests - Returning Peer Leader

**APPLICATION DEADLINE: SUNDAY, MARCH 1<sup>ST</sup>, 2026 at 5pm MST**

**Completed applications may be scanned and emailed to [retreat@arcticfoxy.com](mailto:retreat@arcticfoxy.com), faxed to 1-888-518-4945, or mailed to: FOXY, 5029 57<sup>th</sup> Street, Yellowknife, NT, X1A 1Y4**

Emails will be sent to applicants to confirm all applications received.  
Contact us before the deadline if you did not receive your confirmation!

**SPACE IS LIMITED. APPLYING DOES NOT GUARANTEE ACCEPTANCE –  
We will do our best to contact all applicants within two weeks after the application deadline.**

## **Note to Parents, Guardians, & Teachers helping to complete this application:**

Thank you for helping the youth in your life learn about FOXY & SMASH. We're really excited about the program, but we acknowledge that not every person is comfortable engaging with the arts or expressing themselves in the ways that we do at FOXY & SMASH (though everyone is welcome to try!). We look forward to hearing from all youth, and ask that you allow them to complete the Section D Participant Interest page of this application as independently as possible. We want to see their handwriting, their personality, and even their spelling errors come through in the application! If you need to scribe for the prospective participant, please include a note letting us know that you wrote down what the applicant said and their application will not be penalized.

When discussing the Retreat with a potential participant, please mention the following things. We want all participants to be excited to try new stuff (even if they're nervous!), like:

- Digital storytelling (videos & audio stories)
- Visual arts (like painting, drawing)
- Traditional arts (like drum circles, smudging);
- Sexual and mental health education;

Blachford Lodge is an internationally acclaimed fishing lodges and we experience all of these arts and activities in a beautiful outdoor environment, **but these Retreats are not outdoor adventure camps.**

If you require further information or have any questions, please see our website at [www.arcticfoxy.com](http://www.arcticfoxy.com), our Facebook <https://www.facebook.com/foxysmash/>

**Instagram** <https://www.instagram.com/foxysmash>

or contact us at via at [retreat@arcticfoxy.com](mailto:retreat@arcticfoxy.com) or via phone at (867-444-9108).

## Peer Leader Retreat Schedule

**SMASH Wednesday, April 8<sup>th</sup> (Day 1) – Thursday, April 16<sup>th</sup> (Day 9)**

### Day 1

- Participants arrive in Yellowknife from their home communities
- Participants and facilitators get to know one another and have a sleepover in Yellowknife accommodations

### Day 2

- Participants and facilitators leave for Retreat venue in the morning via ski planes/helicopters (TBD depending on ice conditions)

### Day 3-6

- Participants take part in digital storytelling, sexual and mental health education, empowerment exercises, and plan their Community Projects

### Day 7

- Participants finish up the projects they have worked on and have the opportunity to share with one another and staff at our Retreat showcase

### Day 8

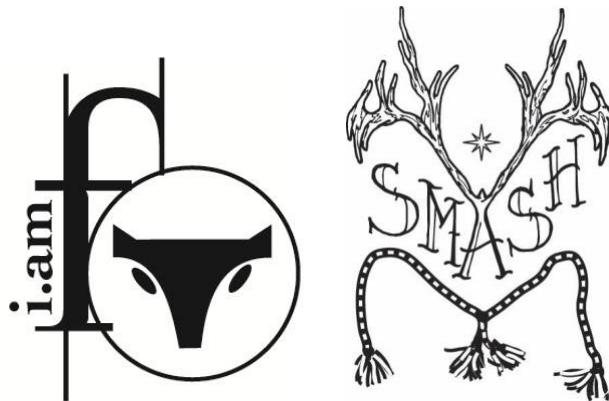
- Participants spend the morning debriefing from the Retreat and share what they have learnt and their Community Project plans
- After lunch, everyone packs and gets ready to leave
- Return transportation to Yellowknife
- Over supper, we give out our Camp Awards!
- All participants and facilitators spend one last night together at a sleepover in Yellowknife accommodations

### Day 9

- Participants return to their home communities. We will miss you!

### End of Retreat-September 15

- Participants check in with the FOXY/SMASH staff until they have completed their Community Project
- We encourage everyone to their project as soon as possible after the Retreat!



## IMPORTANT THINGS TO KNOW

- At the Retreat, you will be sharing a cabin or room with other participants. If you have any concerns about this, or would like to make any special requests, please contact us in advance.
- At the Retreat, **smoking (cigarettes, vaping, marijuana), drinking, and drugs are strictly prohibited. Please leave these items at home so they don't jeopardize your chance to stay at the Retreat. If you think you will need support to manage not using substances at the Retreat, please let us know in advance.**
- We will make all attempts to accommodate special medical, nutritional, and personal needs, however, due to the nature of our venue being out on the land, there may only be so much we can do. Please be honest about your needs (especially on your health form) and we will work with you as much as possible to make sure that you have the best time at the Retreat!
- During the days and evenings that we are spending in Yellowknife, **all participants and facilitators must remain at the Retreat, as these are team-building activities that are central to the Retreat. There will be no exceptions made.**
- During our time at the Retreat venue, participants are not able to leave for any reason outside of an emergency. **If a participant must be removed from the site for disciplinary reasons, the cost of the flight charter will be forwarded on to the participant's family.**
- **FOXY strongly discourages you from bringing your phone or device to the Retreat** – we don't have cell service anyway at the Retreat venue, and the limited Wi-Fi is exclusively for the use of the Retreat venue staff. If you are concerned about your device getting lost or damaged, please leave it at home. **If you choose to bring your phone, it will be collected at the Retreat and put in a lock box for safekeeping for the duration of the Retreat. Any other devices such as smart watches, tablets, laptops, portable video game consoles will also be placed in the lock box.** We'll be super busy anyway doing fun things, and many participants in previous years found that they enjoyed being free from their electronic devices during the Retreat. Staff will be taking some photos that will be available for you to view after the Retreat, and you are welcome to bring your own digital camera as well if you'd like to capture your own memories!

## APRIL PACKING LIST

\*Blachford is a premier lodge, but some activities will be outside and everything will take place in a rustic environment. Please do NOT bring anything that you will be upset about if it gets damaged/lost!

\*This is a suggested packing list, but remember that all of our accommodations will be shared, and you'll be responsible for keeping track of all of your belongings. Most of what you need (such as bedding, pillows, and towels) will be provided while at Blachford.

\*Please pack light! Make sure that your baggage is within the weight limit of your flights to Yellowknife and the Retreat venue (**no more than 30lbs – this is a strict weight limit as we have limited space on the chartered flights**).

**IF YOU DON'T HAVE EVERYTHING ON THE LIST, DON'T WORRY! CONTACT FOXY - YOU CAN PROBABLY BORROW SOMETHING FROM FOXY!**

**\*Please note that you will need FULL WINTER GEAR for the April Retreat as we will all be spending time outdoors and it is required to board the plane to Blachford Lodge by Transport Canada\***

- **Backpack or small duffel bag instead of a large suitcase** (to fit in the chartered aircraft)
- Small backpack (to bring daily needs from the cabins to the lodge at Blachford)
- FOXY/SMASH t-shirts or hoodies if you already have them!
- Warm layers including (socks, pants, shirts, sweater/hoodie, winter jacket, snow pants, boots, toque, neck warmer/scarf, gloves/mitts)
- Pyjamas
- Undergarments
- Water bottle (reusable and marked with your name!)
- Glasses/contacts (if needed)
- Toiletries (toothbrush & toothpaste, hairbrush and/or comb, shampoo and conditioner, deodorant, lip balm, contact solution (if needed, pads/tampons (if needed)
- Sleeping bag, pillow, and a small foamie for the sleepovers in Yellowknife (these will get stored in Yellowknife when we go out to Blachford – so pack them separately from the rest of your gear! If you are coming from a community that is very far away, please discuss this with FOXY staff as you may be able to borrow some of ours instead!)
- Any medications in their original containers
- Optional: All of your food, snacks, and drinks are provided during the Retreat, but you may bring 1 large sized Ziploc bag of additional snacks for the Retreat, if you choose. **NO DRINKS OR GUM PLEASE.**
- Shower sandals (optional)
- Slippers (optional)
- Camera (optional)
- Flashlight or headlamp (optional)
- Playing cards or a book (optional)

**REGISTRATION FORM A – PARTICIPANT & CONTACT INFORMATION**

Completed applications may be emailed to [retreat@arcticfoxy.com](mailto:retreat@arcticfoxy.com) or faxed to 1-888-518-4945

**APPLICATION DEADLINE: SUNDAY, MARCH 1<sup>ST</sup>, 2026 at 5pm MST**

**Applicant:**

First & Last Name (on identification): \_\_\_\_\_ Name used (if different): \_\_\_\_\_

Pronouns (If comfortable sharing) (He/Him/She/Her/They/Them, etc.): \_\_\_\_\_

Sex on ID (necessary for booking flights): \_\_\_\_\_

Age (on April 8th, 2026): \_\_\_\_\_ \*Participants must be at least 13 years old on the first day of the Retreat

Grade: \_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Current school: \_\_\_\_\_ School in September of 2026: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Community: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Participant Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

Participant Email: \_\_\_\_\_ The best way to contact me is: \_\_\_\_\_

**Parent/Guardian (Main contact):**

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_

Email: \_\_\_\_\_ **\*\*Email is the main way FOXY will contact you make sure this is an email you have access to and check regularly**

**Parent/Guardian (Secondary Contact):**

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_ **\*\*Email is the main way FOXY will contact you**

**Emergency Contact during Retreat (if Parent(s)/Guardian(s) cannot be reached):**

Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

## REGISTRATION FORM B – PARTICIPANT HEALTH FORM

First & Last Name (on ID): \_\_\_\_\_ Name used (if different): \_\_\_\_\_  
Health Care Number & Territory: \_\_\_\_\_ Health Care Expiry: \_\_\_\_\_

The information on this form may be used by and shared with FOXY/SMASH staff or medical personnel to administer or authorize appropriate first aid, provide medical attention, or additional support to your child/ward during the FOXY/SMASH Retreat. The participant's health information is reviewed only by FOXY/SMASH Retreat staff or medical personnel. It is shared on a need-to-know basis in our effort to best support their participation. If your child/ward has any health issues or disabilities that may require accommodation, disclosing and discussing them with us will help us accommodate their needs. **We will be a minimum of a 20-minute ski plane/helicopter ride from Yellowknife, so it is very important to be as detailed as possible on this form.**

Year of most recent tetanus immunization: \_\_\_\_\_ This info helps us in case of an emergency.

Is the participant up to date on their Covid-19 immunizations (two doses in the primary series and 1+ booster doses)? YES  NO  Date of most recent Covid-19 dose (month/year): \_\_\_\_\_  
Please note that it is not required, but is highly recommended, that all Retreat participants are vaccinated for Covid-19 to help protect themselves and other members of our Retreat community (including Elders, young children, pregnant and immunocompromised individuals).

Does the participant have any physical, cognitive, emotional, or behavioural challenges that require assistance and/or modifications to the program to enable them to participate? YES  NO

If yes, please explain (**Answering 'yes' and providing details about how it is managed will help us to meet a participant's needs but will not affect an applicant's chance to attend the Retreat**)

\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any allergies to medications, insect stings, food, etc.?  
YES (provide details below)  NO

Allergy	Life threatening?	Allergy	Life threatening?	Allergy	Life threatening?
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

Please explain details of allergies (symptoms, severity, treatment, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Does your child/ward need to keep with them an allergy medication such as an Epi-pen or asthma inhaler and know how to self-administer in the case of an allergic reaction?  
YES  NO (no Epi-Pen/inhaler needed)  NOT APPLICABLE (no allergies)

Please list any DIETARY RESTRICTIONS due to allergies or medical conditions

\_\_\_\_\_  
Please list any dietary restrictions due to other reasons, or dietary preferences

\_\_\_\_\_

Is the participant lactose intolerant? YES  NO

\*\*If the participant is lactose intolerant, will they choose to eat dairy or will they eat lactose free options?

Will eat dairy  Will eat lactose free options ex: lactose free yoghurt, cheese etc.

Does the participant have a history of any of the following:

Headaches

Bed Wetting

Asthma

Motion Sickness

Sleep Walking

Mental Health Challenges

Cognitive Challenges

Nightmares

Behavioral Challenges

Ear Trouble

If yes, please provide details:

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Please provide details of any chronic or recurring illnesses or conditions:

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Describe any surgeries or serious injuries (include dates):

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Describe any concerns you have related to the participant's emotional health (including grief, depression, trauma, triggers, anxiety, panic attacks, etc.), including strategies to help manage any challenges:

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Does the participant know how to swim and are they comfortable in the water? YES  NO

Provide details of previous swimming lessons/certifications (if applicable):

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List any medications (name/dose/time administered/etc.) the participant will bring to the Retreat:

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Do you give permission for the FOXY/SMASH First Aider or other FOXY/SMASH staff to offer non-prescription medications to your child/ward (such as acetaminophen (Tylenol), Ibuprofen, Imodium, Benadryl, or Gravol), if relevant and requested by participant? YES  NO

Additional comments or special instructions for the FOXY/SMASH Staff regarding the participant's health care:

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**IMPORTANT: Please notify FOXY & SMASH at (867-444-9108) if the participant is exposed to any communicable diseases (such as strep throat, tuberculosis, scabies, lice, mononucleosis, COVID-19, etc.) during the two weeks prior to Retreat attendance.**

Medications (prescription and over-the counter) must be given to the First Aider upon arrival at the Retreat. The First Aider or FOXY/SMASH staff will provide the individual's medication to them when requested, according to the instructions provided. Participants must be willing to take their own medication(s) that they bring with them.

FOXY provides limited liability insurance coverage for accidents and for illness incurred while attending the Retreat. It is the responsibility of every participant's parent or legal guardian to provide the participant's own accident and health coverage beyond the limits of the basic coverage from FOXY.

**I hereby give permission to and authorize FOXY/SMASH and its representative(s) to: share information, and provide first aid, and/or obtain medical care and services (e.g. contacting EMS/ambulance) as needed using their best judgment for the health and safety of myself and/or my child/ward during FOXY activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial/territorial health plan or the FOXY liability insurance plan. In the event that I cannot be reached in an emergency, I hereby give permission to the medical provider selected by the FOXY/SMASH staff member to secure proper treatment for, to order injections and/or anaesthesia and/or surgery for, or to hospitalize the individual named above.**

**The health history in this 3-page form is correct so far as I know, and the person herein described has permission to engage in all prescribed Retreat activities as noted by myself and the child/ward's examining physician.**

**Name of Participant:** \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REGISTRATION FORM C – PARTICIPANT INTERESTS

\*Participants should fill out the following section alone, without parental or teacher assistance. Should the applicant need the assistance of a scribe to share their thoughts and ideas please include a note indicating that a scribe was used. **Applicants who use a scribe will not be penalized.** There are no right or wrong answers and you cannot “fail” – these will just help us figure out how FOXY/SMASH can fit into your life! Please attach another page if you need more space.

Have you applied to a previous FOXY/SMASH Retreat and were not offered a spot before?

YES  NO Year(s) you previously applied: \_\_\_\_\_

Have you ever completed a FOXY or SMASH Peer Leader Retreat before?

YES  NO  If yes, which year or years? \_\_\_\_\_

**IF YES, complete this page AND the Form D Returning Peer Leader Questions on page 11.**

Have you ever done a FOXY/SMASH school workshop before? YES  NO

If yes, where? \_\_\_\_\_

If no, what have you heard about FOXY or SMASH?

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to attend the Peer Leader Retreat?

\_\_\_\_\_  
\_\_\_\_\_

What do you think are some issues faced by youth in your community?

\_\_\_\_\_  
\_\_\_\_\_

What do you like to do for fun/what are your hobbies?

\_\_\_\_\_  
\_\_\_\_\_

FOXY/SMASH Peer Leaders are expected to complete a Community Project after the Retreat when they return home. What are some ideas you have to make your community a better place for kids, youth, and/or your Elders? Don't worry if you don't have an idea right now, we will help you figure it out at the Retreat!

\_\_\_\_\_  
\_\_\_\_\_

How do you feel about taking photos and making videos?

\_\_\_\_\_  
\_\_\_\_\_

How do you feel about creating art like painting and drawing, participating in ceremony, and acting things out (like charades)?

\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FORM D – PARTICIPANT INTERESTS  
RETURNING PEER APPRENTICE**

**\*\*This page should only be completed by youth who have attended one or more FOXY/SMASH Retreats in the past. If you have not attended a Retreat before, do not fill out this page\*\***

What Community Project(s) have you completed or attempted to complete? If they weren't successful, what would you do differently next time?

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You have already been to one or more Retreats, why do you want to come back to the Retreat as a Peer Apprentice? What will you do differently at the Retreat this time?

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What do you think being a leader means? Describe how you will act as a leader during the Retreat.

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What do you think are your strengths as a leader?

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How have you used what you learned from FOXY/SMASH since you attended the Retreat?

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