



Gathering Our Voices Youth Conference 2019 Registration Form Port Alberni, BC March 18-22nd, 2019



GENERAL INFORMATION

CHILD INFORMATION

FIRST NAME:		LAST NAME:	
BIRTHDATE:	GENDER:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	AGE: CELL#:

PARENT/GUARDIAN INFORMATION

LAST NAME:		FIRST NAME:	
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
HOME PHONE NUMBER:		WORK/OTHER PHONE NUMBER:	
SOCIAL WORKER (IF APPLICABLE)		TELEPHONE NUMBER:	

MEDICAL INFORMATION

MEDICAL NUMBER:	NAME OF DOCTOR:
DOES YOUR CHILD HAVE ANY ALLERGIES?	
Yes <input type="checkbox"/> No <input type="checkbox"/> IF YOU ANSWERED YES, PLEASE SPECIFY:	
MEDICAL CONDITIONS?	

EMERGENCY CONTACTS

NAME:	RELATIONSHIP:
TELEPHONE NUMBER:	CELL:
NAME:	RELATIONSHIP:
TELEPHONE NUMBER:	CELL:

PERMISSION

IN THE EVENT OF AN EMERGENCY, I AUTHORIZE THE WESTBANK FIRST NATION YOUTH/REC TEAM MEMBERS TO SEEK EMERGENCY MEDICAL ATTENTION FOR MY CHILD, INCLUDING BY NOT RESTRICTED TO CALLING FOR AMBULANCE SERVICE, CONTACTING THE ABOVE MENTIONED DOCTOR, OR TAKING THE CHILD TO THE LOCAL HOSPITAL EMERGENCY ROOM.

PARENT OR GUARDIAN'S SIGNATURE	DATE
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Community. Leadership. Pride.



Transportation Consent Form



Gathering our Voices Aboriginal Youth Leadership Conference, March 18th-22nd Port Alberni, BC

I HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE BELOW LISTED ACTIVITIES OR FIELD TRIPS. I UNDERSTAND THE WESTBANK FIRST NATION YOUTH/REC DEPT MEMBERS NICOLE WERSTUIK & KYLE ALLEN WILL TRANSPORT THE YOUTH TO AND FROM THE ACTIVITY THROUGH THE USE OF LICENSED DRIVERS AND VEHICLES.

I CONSENT TO:

PROGRAM TRANSPORTATION AND ACTIVITIES TO, DURING, AND FROM THE GATHERING OUR VOICES CONFERENCE IN PORT ALBERNI FROM MARCH 18-22ND, 2019

BY MY SIGNATURE, I UNDERSTAND THE ABOVE AND DO GIVE MY PERMISSION.

CHILD'S NAME

DATE

PARENT OR GUARDIAN'S SIGNATURE

PARENT/GUARDIAN NAME (PLEASE PRINT)

****All registration fees, travel, accommodation & meals will be fully funded per youth. Your personal conduct, both in and out of the conference, reflects upon our WFN community and it is your responsibility to safeguard the reputation and pride of all Aboriginal people, participants will represent their WFN community with dignity, personal integrity, and spirit of good sportsmanship and fair play.**

****I am committed to giving back to WFN youth/recreation program by volunteering 5 hours at the Siya Powwow. ****

Youth Signature

Parent Signature



Gathering Our Voices 2019

Aboriginal Youth Conference March 18-22nd Port Alberni, BC Youth Behaviour Contract

During our stay in Richmond, every youth is to demonstrate admirable behaviour as we will be representing Westbank First Nation. Through signing this contract both parent and youth agree with behaviour guidelines and consequences.

Behaviour Guidelines

On our GOV Trip, as a group and as an individual, I will:

- Respect all my peers, Youth/Rec staff and GOV staff/volunteers.
- Respect the hotel we are staying in.
- Respect others possessions.
- Remember my manners.
- Attend workshops I am signed up for.
- Ensure Nicole & Kyle and other staff know where I am at all times.
- Follow all the rules Nicole & Kyle set out regardless of whether or not I agree with them (if you do not agree with a rule please speak to a leader in private).
- Respect and follow GOV Conference Code of Conduct on the back of this form.
- Have fun, have fun, have fun and do the best that I can!

There will be a zero tolerance for misbehaviour, and action will be taken if needed. Worst case scenario, youth will be taking a greyhound bus back to Kelowna.

This trip is meant to be fun, so let's keep it that way, while remembering to be respectful and courteous to all others we encounter.

I, _____ (participant's name,) agree to follow all of the behaviour guidelines on the GOV trip and understand that if I do not the Youth/Rec staff may decide to send me home at any given time.

Participant's Signature: _____ Date: _____

I, _____ (parent/guardian name), understand the behaviour guidelines for the GOV trip and understand that the leaders may decide to send my son/daughter home at any given time if the behaviour guidelines are not followed.

Parent/ Guardian Signature: _____ Date: _____