

Grand Council Treaty #3 Youth Conference
Registration Form
REGISTRATION DEADLINE – NOVEMBER 25TH 2009!

Community: _____ Role: Participant Chaperone (please list youth)

Participant Information:

Last Name: _____ First Name: _____

Nickname: _____ Gender: Male Female D.O.B (dd/mm/yy) _____

Street Address: _____ City: _____ Prov: _____

Email: _____ Home Phone #: _____

Emergency Contact Information:

Contact Person: _____ Phone #: _____

Alt Phone #: _____

Relationship: _____

Emergency Contact Information:

Contact Person: _____ Phone #: _____

Alt Phone #: _____

Relationship: _____

Information for Medical Emergencies:

Physicians Name: _____ Phone #: _____

Please advise of any medical conditions, diseases, operations, disorders or problems that would impact medical attention should it so be required:

Does the Participant require special care, medication or diet? Yes No

If yes, please provide details:

Medical Emergency Procedures Consent:

This is my permission for the leader in charge or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Signature of Guardian: _____ Date: _____

Treaty #3 Youth Conference – Mini Powwow

On the evening of December 3rd a mini powwow will be provided for the Treaty #3 Youth Conference participants. Will you be bringing your regalia?

Yes No If yes, I, _____ understand that I will be responsible for my regalia and will not hold Grand Council Treaty #3 responsible for any lost or damaged items.

Are you under the age of 18? Yes No

If yes please have a parent/guardian read and sign this form:

I understand that participation in the Grand Council Treaty #3 Youth Council Conference is voluntary and after carefully considering and having full confidence that reasonable precautions will be taken to ensure the safety and well being of my (son/daughter/ward), I grant permission for my child/ward to participate fully in this event.

Signature of Guardian: _____ Date: _____