



# 13TH ANNUAL JR. YOUTH GATHERING REGISTRATION FORM

August 19-23, 2019 – Students ages 8-11 yrs

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M  F   
(Please print)

Date of Birth: \_\_\_\_\_  
( day / month / year )

Community: \_\_\_\_\_ (circle)

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Information Parent/Guardian Name: \_\_\_\_\_  
(Please print your name)

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Health Card Number: _____
Allergies: _____ _____ _____
Medications: _____ _____

Please submit your completed Registration Forms to community crisis coordinator, the community crisis coordinator will keep one copy on file and will submit a copy to Wabun Regional Crisis Coordinator.

Questions? Contact your Community Representative or the Regional Crisis Coordinator Deanna Heyde at Wabun Tribal Council (705) 268-9066 or cell# (249) 356-0553.

**REMINDER PLEASE COMPLETE AND SUBMIT REGISTRATION FORMS TO YOUR COMMUNITY REPRESENTATIVE Due: July 12, 2019 (complete both sides or return 2 forms)**



# CONSENT FORM for JUNIOR YOUTH

**August 19-23, 2019 – Students ages 8-11 yrs**

**Participant consent form:** Youth wishing to register are to complete this form only if you agree to the rules of the 2019 Wabun Tribal Council Youth Gathering and your parents/guardian must complete their section below.

Attendee: print your name: \_\_\_\_\_

Attendee: Sign your name: \_\_\_\_\_

Identify your Community: \_\_\_\_\_

**Parental/Legal Caregiver to complete this consent form:**

I/We \_\_\_\_\_ freely provide my consent  
(Please print)

for the identified student below, to attend the 2017 Wabun Junior Youth Gathering in Espanola, ON.

Print the name of your youth attending: \_\_\_\_\_

**Does that above named youth have your permission to smoke?** YES or NO  
(CIRCLE ONE)

Your youth must be the age of sixteen (16) or older and have signed permission from parent to smoke at the youth gathering. All smoking must be in designated area with no exception. Please remember Wabun Health Services does not promote smoking for any age and that eventually all engagements will be smoke free.

Name of Parent(s)/legal caregiver(s): \_\_\_\_\_  
(Please print name)

Parent/Caregiver Signature: \_\_\_\_\_

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

**ATTENTION PARENTS:**

**Youth participants must travel on the bus with the community chaperones, unless their parents/caregivers arrange to pick them up personally. They will not be released to anyone else's care for safety reasons.**

**All registration forms must be submitted by July 12, 2019**

Questions? Contact your Community Representative or the Regional Crisis Coordinator Deanna Heyde at Wabun Tribal Council (705) 268-9066 or cell# (249) 356-0553.