



Wabun Senior Youth Gathering REGISTRATION FORM

August 12th – 15th
Ages 14 – 18 years old
Location: Beaverhouse First Nation

Name of Youth: _____ Age: _____

Date of Birth: _____
(day / month / year)

First Nation community: _____

Mailing Address _____ Province: _____ Postal Code: _____

Parent/Guardian Name: _____
(Please print)

Telephone: (____) _____ Cell: (____) _____ E-mail: _____

Parent/Guardian Name: _____
(Please print)

Telephone: (____) _____ Cell: (____) _____ E-mail: _____

Health Card Number: _____

In case of illness or injury at the Wabun Youth Camp, I give permission to camp personnel to take my child to hospital to receive medical treatment.

Signature: _____

Allergies:

Yes No

If yes, please provide details: _____

Medications:

Yes No

If yes, please provide details: _____

Any other information you wish to add:

Registration Deadline is Friday August 6th, 2024.

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



Wabun Senior Youth Gathering CONSENT FORM

August 12th – 15th
Ages 14 – 18 years old
Location: Beaverhouse First Nation

Youth:

Name: _____

Community: _____

Parental/Legal Caregiver to complete this consent form:

I/We _____ freely provide consent
Name of Parent/Guardian (Please print)

for _____, to attend the 2024 Wabun Youth Gathering.
(Name of attending Youth) Please Print

Parent/Caregiver Signature: _____

Date signed: _____

ATTENTION PARENTS:

Youth participants must travel 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.

Release for publication of attending youth's name and image:

I hereby give **Wabun Tribal Council** permission to publish _____ name and image (photo/video)
(Name of attending youth)

taken of them with or without other youth campers in newspapers and other media, Wabun Tribal Council's website, and other promotional materials.

_____ Yes _____ No

Parent/Caregiver Signature: _____ Date: _____