



Wabun Junior Youth Gathering REGISTRATION FORM

Monday July 27th – Friday July 31st, 2026
Ages 8 – 13 years old
Location: Mattagami 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: _____

Will your child need transportation? Yes No

If no, please specify transportation arrangement: _____

Will child be chaperoned by parent/guardian? Yes No

If yes, name of parent/guardian: _____

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:



Wabun Junior Youth Gathering CONSENT FORM

Monday July 27^h – Friday July 31st 2026
Ages 8 – 13 years old
Location: Mattagami 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 2026 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 herby 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.

Parent/Caregiver Signature: _____ Yes _____ No
Date: _____

Registration deadline July 17th at 4:00pm.

Please send registration to Health Director Assistant – Erin Bondarenko

Email: healthassist@wabun.on.ca or Fax to 705-268-8554