Wabun Senior Youth Gathering
REGISTRATION FORM

Monday August 24th – Friday August 28th 2026
Ages 14 – 18 years old
Location: Camp Bickell

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:** _____

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:

_____

(Community contact, return completed form to Wabun Tribal Council)

Wabun Senior Youth Gathering
CONSENT FORM

Monday August 24th – Friday August 28th 2026
Ages 14 – 18 years old
Location: Camp Bickell

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 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.

_____Yes _____No

Parent/Caregiver Signature: _____ Date: _____

Registration deadline August 17th

(Community contact, return completed form to Wabun Tribal Council)