



Nishnawbe Aski Nation

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100 Back Street, Unit 200 Thunder Bay, ON P7J 1L2
Tel: (807) 623-8228 Fax: (807) 623-7730

NAN Youth Gathering February 9-11, 2018

REGISTRATION FORM

Name: _____

(Name as stated on valid ID such as Drivers Licence, Status Card, or Passport.
Please note valid id is required for participation and travel.)

Email: _____ First Nation/Town: _____

Address: _____ Postal Code: _____

Telephone Number: _____ Age: _____

Emergency Contact Name: _____ Emergency contact telephone: _____

MEDICAL INFORMATION

	<u>Yes</u>	<u>No</u>
Does the participant have any medical conditions that we should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes", please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the participant have any special dietary needs?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes", please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the participant have any allergies or other limitations?	<input type="checkbox"/>	<input type="checkbox"/>
If "yes", please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the participant carry an Epi Pen for allergic reactions?	<input type="checkbox"/>	<input type="checkbox"/>

TRAVEL REQUIREMENTS

How will you be travelling (Circle Applicable) AIR BUS TRAIN DRIVE
 Departing From: _____
 Returning To: _____
 Mileage to be made out to (Name of Driver): _____
 Chaperone required (Circle Applicable): YES NO

RULES & EXPECTATIONS

These rules are to ensure that all participants at the *NAN Youth Gathering* enjoy the experience in a safe environment conducive to the exchange and sharing of ideas and concepts. All participants are expected to abide by the rules and regulations. Any violation of these rules WILL result in immediate removal from the gathering and being sent home.

Attendance: Timely attendance is required at all scheduled activities. If you are unable to make a scheduled event you must provide a valid reason to your chaperone and NAN Staff, i.e, illness, injury.

Behavior: Participants are to conduct themselves in a mature and orderly manner at all times. Show respect for yourself and others by using appropriate language, encouraging remarks, and following the instructions of the facilitator, chaperones and staff. Violence, intimidation or threats will not be tolerated.

Chaperone: Youth under the age of 18 is required to have a Chaperone.

Travel: NAN will be coordinating all travel and rooms for this gathering.

Please note you are required to arrive to your flight on time with valid identification, and to notify NAN staff if you are unable to make flight or if flight is delayed.

Use of Drugs or Alcohol: There will be zero tolerance for alcohol or drug use. Any participant either found using or under the influence or in possession of alcohol or other drugs will be removed from the youth forum immediately.

I have read the rules and regulations and agree to abide by them. I understand that violating the rules and regulations may result in being immediately removed from the event and returned home.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If participant is under age 18)

PARTICIPANT CONSENT AND WAIVER

I understand that there are certain risks of injury inherent in participating in this workshop, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks. I hereby certify that I am fully capable of participating and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed above.

In addition to signing Participation Agreement and completing this registration form I give full consent for my participation, I do hereby waive, release and hold harmless Nishnawbe Aski Nation, its officers, staff and representatives for any injury that may be suffered by me in the normal course of participation in the *NAN Youth gathering* and the activities incidental thereto, whether the result of negligence or any other cause.

I understand the risks associated with participating in this event and agree to the waivers outlined above

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If participant is under age 18)

MEDIA CONSENT

Participant

By completing and signing this registration form I hereby consent to being photographed, filmed and having my likeness reproduced through the media and grant to NAN the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of the photographed images of me for use in connection with the activities of NAN for promoting, publicizing, or explaining NAN or its activities. This grant includes, without limitation, the right to publish such images in NAN publications as well as public relations/promotional materials such as advertisements, fund-raising materials, and any other NAN-related publication. These images may appear in any of the wide variety of formats and media now available to NAN and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

Chaperone

By completing and signing this registration form I hereby consent to being photographed, filmed and having my likeness reproduced through the media and grant to NAN the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of the photographed images of me for use in connection with the activities of NAN for promoting, publicizing, or explaining NAN or its activities. This grant includes, without limitation, the right to publish such images in NAN publications as well as public relations/promotional materials such as advertisements, fund-raising materials, and any other NAN-related publication. These images may appear in any of the wide variety of formats and media now available to NAN and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

I have read the media consent and agree to the terms.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If participant is under age 18)

Please direct completed registration forms to:

Nishnawbe Aski Nation

Esther Mckay, Project Coordinator

Toll Free: 1(800)465-9952 **Direct Line:** 1(807)625-4689

Fax: (807) 623-7730 **Email:** emckay@nan.on.ca