



**GRAND COUNCIL TREATY #3:**

OCHICHIDAA/OGICHIDAAKWE  
**YOUTH LEADERSHIP CAMP**

Sept. 8-11, 2020 at Fin & Feather Resort, Eagle River, ON

**- REGISTRATION FORM -**

| <b>PARTICIPANT INFO</b>                 |                            |
|---|----------------------------|
| First Name                              | Last Name                  |
| Address                                 | Town/City                  |
| Province                                | Postal Code                |
| Preferred Gender                        | Date of Birth (dd/mm/yyyy) |
| Email                                   | Cell                       |
| Please List Your Home Community/Nation: |                            |

| <b>EMERGENCY &amp; ALTERNATIVE PICKUP/RELEASE INFO</b> |   |
|--|---|
| First and Last Name                                    | Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Relationship   | Telephone/Cellphone   |
| Email  |   |
| First and Last Name                                    | Emergency Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Relationship   | Telephone/Cellphone   |
| Email  |   |

## MEDICAL RELEASE INFO

Are you presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes  No

If yes, please explain:

Are you allergic to any type of food or medication? Yes  No

If yes, please explain:

Do you require a special diet? Yes  No

If yes, please explain:

Primary Physician

Primary Physician Telephone

Primary Physician Address

## PARTICIPANT CONSENT

I understand that by completing this form I am consenting to the ongoing collection, use and disclosure of my personal information, to the Grand Council Treaty #3 during the course of programming. I understand that this personal information is collected for the purposes of administering GCT#3 programming, and that it will be treated with the appropriate level of confidentiality and privacy. I further understand that this personal information will not be disclosed to third parties outside of GCT#3 except in emergency situations where it is deemed in our best interest, or in responding to claims against GCT#3 relating to my participation in these programs. I also understand that images and quotes collected during the GCT#3 program may be used for future programming and research purposes.

Signature

Date

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## COVID19 SAFETY MEASURES

I have read and understand the attached COVID19 Safety Measures plan that is meant to keep me, my family and my community safe from the corona virus. I promise to abide by the safety rules which includes daily temperature checks, wearing facemasks while indoors, strive to maintain space of 6' from other camp participants and to report to staff if I feel unwell.

Check this box if you have reviewed and will abide by the COVID19 Safety Measures.