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| **REGISTRATION FORM** | | |
| **NAME:** |  | |
| **COMMUNITY:** |  | |
| **CHAPERONE:** |  | |
| **EMAIL:** |  | |
| **Emergency Contact:** | **Primary Contact:** | **Secondary Contact:** |
| **SPECIAL DIETARY/ALLERGIES:** |  | |

Do you require a hotel room? \_\_\_ No \_\_\_ Yes ***(Youth and Chaperones will be expected to share rooms)***

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| **GCT#3 Will Provide Travel, Meal and Accommodation For:**   * **2 youth** * **1 chaperone per youth(required if youth are under 18 years of age)**   **\*Please Note: Youth & Chaperone MUST be approved by Chief and Council of their community.**  **Communities are welcome to bring more than 2 youth, whereas only mileage and meal will be provided** |

**All attending youth must be registered before Deadline: March 5, 2018**

**CHAPERONE NAME**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will take charge of all activity for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_during this event.

Primary chaperone can be contacted at: Telephone: Email:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact our office in advance to confirm your registration. Return the completed registration form and release form to the address/fax number below **by MARCH 5th, 2018**

**Please Send Completed Forms to:**

Tammy Horton or Skylar Lentz, Youth Coordinator| Email: [trapping.assistant@treaty3.ca](mailto:trapping.assistant@treaty3.ca)

Phone: 807.548.4214 | Fax: 807.548.4776

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| **PARENTAL CONSENT/CHAPERONE NAME** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give him/her permission to participate in your event. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be his/her chaperon for the duration of this event. This chaperone will complete & submit a separate Chaperone Registration Form.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PHOTO/VIDEO RELEASE WAIVER** |
| Subjects Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give **Grand Council Treaty #3** and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken and video footage.  On (Month/Date/Year) **March 13 & March 14, 2018**  **At Treaty3 Youth Assembly – Wauzhushk Onigum, Kenora, Ontario**  These photographs and video footage may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, educational resources or in other similar ways.  **CIRCLE ONE: Name of Subjects MAY / MAY NOT be given/shared.**  We hereby warrant that we are over sixteen (16 years of age), and are competent to contract in our own names.  Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Names of Above (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary contact can be contacted at:  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***DISCLAIMER: Above information is held in confidence and will not be released or sold without consent*** |