



# AAKODE'EWIN YOUTH SURVIVAL CAMP

August 28-September 1:

Manitou Mounds, Rushing River, and Pow-Wow Island

**-REGISTRATION FORM -**

EMAIL REGISTRATION FORM TO: [rozhonda.carpenter@treaty3.ca](mailto:rozhonda.carpenter@treaty3.ca)

PARTICIPANT INFO	
First Name:	Last Name:
Address:	Town/City:
Province:	Postal Code:
Gender & Pronouns:	Date of Birth mm/dd/yyyy
E-mail:	Cell Number:
Home Community/Nation:	Unisex Shirt Size:

**Please Tell Us Why You Are Interested: This is mandatory for the selection process**

## 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 \_\_\_\_\_

## EMERGENCY & ALTERNATIVE PICKUP/RELEASE INFO

First & Last Name::	Emergency Contact?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to Participant::	Telephone/Cellphone::	
E-mail:		
First & Last Name::	Emergency Contact?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship to Participant::	Telephone/Cellphone::	
E-mail:		

## 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? If yes, please explain: Yes  No

Do you require a special diet? If yes, please explain: Yes  No

Primary Physician Name:	Primary Physician Telephone:
Primary Physician Address:	
Health Card Number & Name as shown on Health Card:	

## PARTICIPANT SAFETY MEASURES

- I will abide by the rules and regulations set out by ALL camp leaders and staff.
- understand that the supervisors are trained and there for my safety
- acknowledge that the safety of all participants is dependent on everybody following the rules and regulations set out by the staff and volunteers running this event

Check this box if you agree to all above statements