



# Turtle Huddle, Sister Talk and Boys Group Programs 2006 – 2007 Registration Forms



## GENERAL INFORMATION

### CHILD INFORMATION

LAST NAME:		FIRST NAME:	
BIRTHDATE	GENDER:      MALE      FEMALE	AGE:	

### PARENT/GUARDIAN INFORMATION

LAST NAME:		FIRST NAME:	
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
HOME TELEPHONE NUMBER:		WORK/OTHER TELEPHONE NUMBER:	
SOCIAL WORKER (IF APPLICABLE)		TELEPHONE NUMBER:	

## GROUP REGISTRATION

GROUPS AVAILABLE (PLEASE CIRCLE):

TURTLE HUDDLE AGES 6 – 12	BOYS GROUP AGES 11 – 14	SISTER TALK AGES 11 - 14
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PREFERRED LOCATION (PLEASE CIRCLE):  
(TURTLE HUDDLE ONLY, SISTER TALK AND BOYS GROUP IS ONLY AVAILABLE DOWNTOWN)

DOWNTOWN	RUTLAND	WESTBANK
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TRANSPORTATION IS AVAILABLE TO THOSE WHO NEED IT. THIS CHANGE IS DUE TO THE LARGE NUMBERS OF CHILDREN IN OUR PROGRAMS AND THE LIMITED SEATING IN THE VAN. PLEASE DISCUSS YOUR TRANSPORTATION NEEDS AT THE TIME OF REGISTRATION.

## MEDICAL INFORMATION

MEDICAL NUMBER:	NAME OF DOCTOR:
DOES YOUR CHILD HAVE ANY PHYSICAL, MENTAL, EMOTIONAL OR BEHAVIOURAL LIMITATIONS OF WHICH STAFF SHOULD BE AWARE? PLEASE EXPLAIN.	

MEDICATION (NAME AND DOSAGE TIMES):

MEDICAL ALERT INFORMATION:

## HEALTH RECORD

TO THE BEST OF MY KNOWLEDGE, MY CHILD'S CURRENT IMMUNIZATION RECORD IS:

CURRENT AND UP – TO – DATE

MY CHILD IS NOT IMMUNIZED

UNKNOWN

DOES YOUR CHILD HAVE ANY ALLERGIES?

Yes  No

DOES YOUR CHILD HAVE ANY SENSITIVITIES?

Yes  No

IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE SPECIFY:

\_\_\_\_\_

IS YOUR CHILD ON ANY MEDICATION?

Yes  No

WILL WE BE REQUIRED TO ADMINISTER MEDICATION YOUR CHILD?

Yes  No

IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE SPECIFY:

\_\_\_\_\_

ANY OTHER HEALTH CONCERNS?

Yes  No

IF YES, PLEASE SPECIFY:

\_\_\_\_\_

HAS CHILD ANY VISION, HEARING OR SPEECH CONCERNS? Yes  No

ANY LEARNING/PHYSICAL CONCERNS? Yes  No

ANY BEHAVIOUR/EMOTIONAL CONCERNS? Yes  No

SPECIAL DIET? Yes  No

OTHER CONCERNS Yes  No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE SPECIFY:

SPECIAL INSTRUCTIONS ABOUT FOOD LIKES AND DISLIKES, FAVORITE THINGS, ETC.

IS THERE A CUSTODY AGREEMENT OR RESTRAINING ORDER IN PLACE? Yes  No   
(IF YES A COPY MUST BE PROVIDED)

## SCHOOL AND CULTURAL INFORMATION

NAME OF SCHOOL:

GRADE:

IS YOUR CHILD:

(CHECK ALL THAT APPLY)

- First Nation                       Metis                       Inuit  
 Status     Non-Status

DO YOU KNOW WHAT NATION OR BAND YOUR CHILD IS FROM? Yes  No

IF YES, WHAT FIRST NATION DO THEY BELONG TO?

## EMERGENCY CONTACTS

NAME:

RELATIONSHIP:

TELEPHONE NUMBER:

PICKUP AUTHORIZATION: Yes  No

NAME:

RELATIONSHIP:

TELEPHONE NUMBER:

PICKUP AUTHORIZATION: Yes  No

## PERMISSION

I REALIZE THAT THE CAREGIVER MUST REPORT ANY ACCIDENT OR A SUSPICIOUS NATURE. I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CAREGIVER IF THERE ARE ANY CHANGES.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

IN THE EVENT OF AN EMERGENCY, I AUTHORIZE THE KI-LOW-NA FRIENDSHIP SOCIETY TO SEEK EMERGENCY MEDICAL ATTENTION FOR MY CHILD, INCLUDING BUT NOT RESTRICTED TO CALLING FOR AMBULANCE SERVICE, CONTACTING THE ABOVE MENTIONED DOCTOR, OR TAKING THE CHILD TO THE LOCAL HOSPITAL EMERGENCY ROOM.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE



# Media Release



I HEREBY GIVE PERMISSION FOR THE STAFF OF THE KI-LOW-NA FRIENDSHIP SOCIETY TURTLE HUDDLE/SISTER TALK/BOYS GROUP PROGRAM TO:

- PHOTOGRAPH
- VIDEO TAPE
- AUDIO RECORD

WITH THE UNDERSTANDING THAT THE ABOVE MENTIONED MEDIA WILL BE USED FOR THE ENJOYMENT OF THE FAMILIES AND STAFF INVOLVED, AS WELL AS FOR THE PROMOTION OF THE TURTLE HUDDLE, SISTER TALK AND BOYS GROUP PROGRAMS IN SUBSEQUENT YEARS. THIS INFORMATION MAY ALSO BE USED IN PROMOTIONAL MATERIAL AND SENT TO OUR FUNDERS. I UNDERSTAND THAT THIS MEDIA WILL ONLY BE USED AS MENTIONED ABOVE AND THAT I WILL BE CONTACTED IF ANOTHER USE IS REQUESTED.

BY MY SIGNATURE, I UNDERSTAND THE ABOVE AND DO GIVE MY PERMISSION.

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CHILD'S NAME

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DATE

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PARENT OR GUARDIAN'S SIGNATURE

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PARENT/GUARDIAN NAME (PLEASE PRINT)

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WITNESS SIGNATURE

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WITNESS NAME (PLEASE PRINT)



# Transportation Consent Form



I HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE BELOW LISTED ACTIVITIES OR FIELD TRIPS. I UNDERSTAND THE KI-LOW-NA FRIENDSHIP SOCIETY WILL TRANSPORT THE CHILDREN TO AND FROM THE ACTIVITY THROUGH THE USE OF LICENSED DRIVERS AND VEHICLES.

I CONSENT TO:

REGULAR PROGRAM TRANSPORTATION AND POSSIBLE ACTIVITIES INCLUDING:

SWEATLODGE

PLAYGROUND

PARK

BY MY SIGNATURE, I UNDERSTAND THE ABOVE AND DO GIVE MY PERMISSION.

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CHILD'S NAME

---

DATE

---

PARENT OR GUARDIAN'S SIGNATURE

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PARENT/GUARDIAN NAME (PLEASE PRINT)



# Artwork Waiver



I, THE PARENT/GUARDIAN OF \_\_\_\_\_ DO GIVE PERMISSION FOR MY CHILD'S ARTWORK TO BE USED FOR THE PROMOTION OF THE KI-LOW-NA FRIENDSHIP SOCIETY'S TURTLE HUDDLE, BOY'S GROUP OR SISTER TALK PROGRAM AS WELL AS FOR THE PROMOTION OF NATIONAL ABORIGINAL DAY AND OF THE SOCIETY IN GENERAL. THIS WILL INCLUDE USE OF YOUR CHILD'S ARTWORK IN THE FORM OF POSTERS, INCLUDED IN BROCHURES AS WELL AS ATTACHED TO PROGRAM REPORTS AND FUNDING APPLICATIONS. I UNDERSTAND THAT MY CHILD'S FIRST NAME AND AGE WILL APPEAR ON THE POSTER. I UNDERSTAND THAT NEITHER MY CHILD'S LAST NAME NOR ANY OTHER IDENTIFYING FEATURE WILL BE INCLUDED.

BY MY SIGNATURE, I UNDERSTAND THE ABOVE AND DO GIVE MY PERMISSION.

PRINTED NAME	_____	SIGNATURE	_____
DATE	_____		
WITNESS NAME	_____	SIGNATURE	_____
DATE	_____		