



3 NATIONS 1 VOICE



**KASKA – TAHLTAN – TLINGIT
STIKINE WHOLISTIC WORKING GROUP**

KLUANE ADAMEK » Gathering Coordinator
K'EDUKA JACK » Assistant Gathering Coordinator
FOR MORE INFO » 3nations1voice@gmail.com

3 Nations- 1 Voice, 2017 Youth Gathering

Hosted in partnership with the Stikine Wholistic Working Group

Thursday February 9th - Monday February 13th, 2017

Dease Lake School, Dease Lake, B.C

REGISTRATION INFORMATION- RELEASE AND WAIVER FORMS **YOU MUST BRING ORIGINAL PRINTED AND SIGNED COPY TO GATHERING!**

***Please read carefully as this document will limit and affect your rights. ***
ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL BE USED EXCLUSIVELY FOR THE GATHERING

1. Youth Participant Information:

Name: _____

Date of Birth (DD/MM/YY): _____/_____/_____ Age: _____

Address: _____

Phone: _____

First Nation: _____

Registration Form Checklist:

- I have completed the Online Gathering Registration
- I have completed the Online Workshop Signup
- I have read, completed and signed Pages 1 to 6 of this document
- I agree to respect and honor the '**3 nations-1 Voice' Gathering** Code of Conduct (Page. 6)
- This form has been signed by my Parent/Guardian (if applicable)
- This form has been signed by my Chaperone

Youth Participant Signature

Date



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2. CHAPERONE INFORMATION & CHECKLIST:

- Chaperones must be at least twenty-two (22) years of age as of February 9th, 2017.
- Chaperones are responsible for the care and nurturing of each youth in their group throughout the gathering.
- Chaperones are expected to attend gathering activities and encourage full participation from their youth participants
- Chaperones are invited and encouraged to attend the larger gathering programming; however, limited workshops are available to chaperones. Priority is for youth participants.

Chaperone Name: _____

Date of Birth (DD/MM/YY): _____/_____/_____ Age: _____

Address: _____

Phone: _____

First Nation (if applicable): _____

Signature

Date

Additional Information:



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3. PARENT / GUARDIAN/ EMERGENCY CONTACT INFORMATION

#1 Parent/Guardian/Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Phone:(h) _____ (w) _____ (m) _____

#2 Parent/Guardian/Emergency Contact Information

Name: _____

Relationship: _____

Address: _____

Phone:(h) _____ (w) _____ (m) _____

Additional Information:



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4. MEDICAL INFORMATION AND RELEASE FORM

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<u>YOUTH PARTICIPANT, LEGAL NAME:</u>	<u>YOUTH PARTICIPANT-Date of Birth (DD/MM/YY)</u>
<u>YOUTH PARTICIPANT HEALTH CARD/MEDICAL CARD #:</u>	<u>FAMILY DOCTOR INFORMATION:</u>
<u>PRIMARY PARENT/GUARDIAN INFORMATION:</u>	<u>MEDICAL INFORMATION:</u>
Name:	Allergies: Yes / No
Phone (Daytime):	Type:
Phone (Evening):	Any Medical Concerns:
<u>EMERGENCY CONTACT INFORMATION:</u>	<u>MEDICATION Y/N?</u>
Name:	If Yes, Name:
Phone (Daytime):	Dosage:
Phone (Evening):	Frequency or Next dosage::

5. In addition, permission is granted to administer any First Aid treatment that may be required:

 Youth Participant Signature

 Date

 Signature of Parent/Guardian

 Date

 Witness

 Date

ALL YOUTH ARE REQUIRED TO BRING ORIGINAL PRINTED AND SIGNED FORMS TO THE GATHERING!



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**6. IMAGE & AUDIO RELEASE FORM - Stikine Wholistic Working Group
 3 Nations 1 Voice Gathering Video**



My signature below indicates that I acknowledge that images containing my likeness ("**My Image**") and associated recorded sound ("**Audio Recording**") that may appear in the corporate video currently entitled "Stikine Wholistic Working Group, Strengthening Community" (the "Video") being produced by Rez Dog Productions, ("**PRODUCER**").

I hereby grant to **PRODUCER** an irrevocable worldwide, perpetual license to use and re-use, publish and re-publish, modify or alter **My Image** and/or **Audio Recording**, in any medium now existing or subsequently developed, for editorial, commercial, trade, advertising or any other purpose in connection with the production, distribution, broadcast, advertising, publicizing and exploitation of the Series. I also grant **PRODUCER** the right to copyright **My Image/Audio Recording** as it relates to the Series.

I waive my right to inspect or approve any editorial text or copy that is used in connection with **My Image and Audio Recording** and release and discharge **PRODUCER** from any and all claims arising out of use of **My Image/Audio Recording** for the purposes described above, including any claims for libel and invasion of privacy. All rights, licenses and privileges herein granted to **PRODUCER** are irrevocable and not subject to rescission, restraint or injunction under any circumstances.

I have read the foregoing. I fully understand its contents and confirm my agreement by signing below.

 Youth Participant Signature

 Date

If a subject is a minor, have parent or guardian complete below. If subject is illiterate, have witness complete below:

 Parent/Guardian Signature

 Date



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7. 3 NATIONS 1 VOICES GATHERING: YOUTH PARTICIPANT – CODE OF CONDUCT

In completing your registration form, it is duly accepted that you have read and understand the Conference Code of Conduct and will be expected to honour this code at the 3 Nations 1 Voice Gathering being held February 9th-13th, 2017:

- Represent your community in a good way;
- Be supportive and respect each other;
- Participate and be engaged in all gathering programming;
- Be on time for all events- being late will impact everyone;
- Communicate concerns to chaperones or gathering coordinators;
- Turn cell phone off, or on vibrate during gathering programming;
- Celebrate each other’s successes!
- Bully-Free Zone;
- Be respectful of culture and diversity ;
- Honor rules and standards set by the organizing body and host community;
- Show respect to the host organization (staff, volunteers, guests, presenters, and others);
- Take only what you need and use everything you take;
- HAVE FUN! 😊

To Youth Participant:

*We will be relying on responsible and cooperative behavior from all youth participants. Your safety and the safety of others during the **3 Nations 1 Voices- Youth Gathering** will depend on it.*

I, _____(Youth Participant), acknowledge that I have been informed about the nature of the activities and the inherent risks during the **3 Nations 1 Voices- Youth Gathering** and I understand and realize these risks. I have read the Gathering Code of Conduct and do hereby consent to participate in adherence to this code at the **3 Nations 1 Voices- Youth Gathering**. Failure to comply with the rules and regulations set forth and failure to obey all staff will result in immediate removal from the **3 Nations 1 Voices- Youth Gathering**, at the youth participant, parent and/or guardian’s expense.

 Youth Participant Signature

 Date

 Signature of Parent/Guardian

 Date

 Chaperone Signature

 Date