



youth  
visions and voices

**YOUTH VISIONS AND VOICES**  
**Sts'ailes Lhawathet Lalem**  
**Healing Center, Agassiz BC**  
**Friday, November 17<sup>th</sup> beginning @ 4:00PM and**  
**Saturday, November 18<sup>th</sup> beginning @ 10:30AM**  
**#youthunited**



For information contact: Antonia, Youth Program via e-mail to: [antoniafvictor@xyolhemeylh.bc.ca](mailto:antoniafvictor@xyolhemeylh.bc.ca). Or  
Natalie Brandon, Events Coordinator via telephone at 1.800.663.9393  
Completed registration forms may be dropped off at FVACFSS/Xyolhemeylh,  
1-7201 Vedder Road, Chilliwack, BC  
Or send via email to [Natalie.Brandon@Xyolhemeylh.bc.ca](mailto:Natalie.Brandon@Xyolhemeylh.bc.ca)

**PLEASE PRINT CLEARLY**

**Forum is For Youth Ages 6 And Up**

**Participant & Parent/Guardian Information**

<b>Participant Full Name:</b>	<b>Sweat Shirt Size:</b>
<b>Age:</b>	<b>Male <input type="checkbox"/> Female <input type="checkbox"/></b>
<b>Parent or Guardian Name:</b>	
<b>Home Phone (    )</b>	<b>Cell Phone (    )</b>
<b>Emergency Contact Name:</b>	
<b>Emergency Contact Phone (    )</b>	
<b>Participant Health Information</b>	
<b>Health card number:</b>	
<b>Does your child suffer from any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>List specific allergies:</b>	
<b>Does your child require any medications or an EpiPen? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>List medications:</b>	
<b>Additional information about child:</b>	

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Signature of Participant

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Signature of Parent/Guardian

**Registrations received *before Nov 1<sup>st</sup> 2017* will receive  
a forum sweatshirt!**