**Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh**

**#106-2276 Clearbrook Rd, Abbotsford BC, V2T 2X5**

**Telephone: 604-855-3328 | Toll Free: 1-855-855-3324 | Fax: 604-855-3329**

**Slha’liSpath**

**Women’s Cultural Group
Registration Form**

*Thursdays July 5-Aug 30, 9:30am-12:00pm*

*Location: Mamele’awt Aboriginal Education Center, 3277 Gladwin Rd, Abbotsford*

**Participant Information**

|  |  |  |
| --- | --- | --- |
| NAME (FIRST AND LAST): | PHONE NUMBER: | EMAIL: |
| ADDRESS: | CITY: | POSTAL CODE:  |
| ABORIGINAL STATUS:   Status Non-Status Métis Other |
| RESERVEOn Reserve Off Reserve |

**Emergency Contact Info**

|  |  |  |
| --- | --- | --- |
| NAME: | PHONE NUMBER: | EMAIL: |
| ADDRESS: | RELATIONSHIP TO PARTICIPANT: |
| YOUR DOCTOR’S NAME: | DOCTOR’S PHONE NUMBER: | CARE CARD NUMBER: |

|  |
| --- |
| **Any Allergies: (We will be providing snacks)** |
| **What would you like to learn in this group?** |

**Waiver/Release:**

I agree that I will follow all reasonable instructions and directions of the staff duly appointed by Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh in connection with the operation of the above named program.

I hereby release, remise and forever discharge the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh.

In the event that I am injured, ill or in need of medical attention, I authorize the Fraser Valley Children and Family Services Society-Xyolhemeylh staff to seek medical attention on my behalf.

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