



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

Don't Worry Bead Happy: Beading Group

Registration Form

Tuesdays May 14- June 11 2019 (5 Sessions) 5:00pm-7:30pm

Location: Mamele'awt Aboriginal Ed Center, 3277 Gladwin rd, Abbotsford BC, V2T 4Y9

Participant Information

NAME (FIRST AND LAST):		PHONE NUMBER:		EMAIL:	
ADDRESS:		CITY:		POSTAL CODE:	
ALLERGIES/MEDICAL CONCERNS:					
ABORIGINAL STATUS: <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Other					
RESERVE <input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve					
Participant 2:		AGE	M/F	Medical Concerns/Allergies?	
Participant 3:		AGE	M/F	Medical Concerns/Allergies?	

Emergency Contact Info

NAME:		PHONE NUMBER:		EMAIL:	
ADDRESS:			RELATIONSHIP TO PARTICIPANT:		

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: _____