



# Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh



#106 - 20644 East Leigh Crescent, Langley, BC V3A 4C4  
Telephone: 604-533-8826 | Toll Free: 1-855-533-8826 | Fax: 604-533-8827 | Cell: 604-866-4076

## Registration Form for Using Anger in a Good Way

**PLEASE FAX OR EMAIL THE COMPLETED FORM TO JULIA MCCAFFREY**

**FAX: 604-533-8827**

**EMAIL: [julia.mccaffrey@xyolhemeylh.bc.ca](mailto:julia.mccaffrey@xyolhemeylh.bc.ca)**

*May 27, June 3, 10 & 17<sup>th</sup>, Monday evenings 5-8pm (4 sessions)*

**Location: Xyolhemeylh Office @ 102 – 20644 Eastleigh Crescent, Langley**

### Participant Information

NAME (FIRST AND LAST):	PHONE NUMBER:	EMAIL:
ADDRESS:	CITY:	POSTAL CODE:
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		

### Emergency Contact Info

NAME:	PHONE NUMBER:	EMAIL:
ADDRESS:	RELATIONSHIP TO PARTICIPANT:	
YOUR DOCTOR'S NAME:	DOCTOR'S PHONE NUMBER:	CARE CARD NUMBER:

### Important Medical Information (Allergies, Food Preferences, Medication, etc)

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### Childcare and Transportation Information

DO YOU REQUIRE CHILDCARE FOR THIS GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH CHILD:		
NAME (FIRST AND LAST)	AGE	HEALTH CONCERNS, ALLERGIES, FOOD PREFERENCES, ETC



NAME (FIRST AND LAST)	AGE	HEALTH CONCERNS, ALLERGIES, FOOD PREFERENCES, ETC
<p>IS TRANSPORTATION A BARRIER FOR YOU TO GET TO THIS GROUP?</p> <p style="text-align: center;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>		
<p>IF YES, PLEASE BRIEFLY EXPLAIN AND WE WILL TRY OUR BEST TO PROVIDE SUPPORTS SO YOU CAN MAKE IT TO THIS GROUP</p>		

**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:** \_\_\_\_\_