



# Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh

Bld. 1, 7201 Vedder Road, Chilliwack  
Telephone: 604-858-0113 | Toll Free: 1-800-663-9393 | Fax: 604-824-2518

## Vision & Voices Bowling Tournament

Registration Form - Age 12 + only

Friday, March 27, 12 - 3:30 pm, Galaxy Bowl, Abbotsford

Email to: [Registration@Xyolhemeylh.bc.ca](mailto:Registration@Xyolhemeylh.bc.ca)

### Participant Information

|   |  |               |              |
|---|--|---------------|--------------|
| NAME (FIRST AND LAST):  |  | PHONE NUMBER: | EMAIL:       |
| ADDRESS:  |  | CITY:         | POSTAL CODE: |
| AGE:  | DO YOU REQUIRE TRANSPORTATION?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |               |              |
| ABORIGINAL STATUS:<br><input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Other |  |               |              |
| RESERVE<br><input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve   |  |               |              |
| Medical Concerns/Allergies?   |  |               |              |
| Additional Comments   |  |               |              |

### 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: \_\_\_\_\_