



Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh

110-3010 Gladwin Rd, Abbotsford, BC, V2T 0H5
Telephone: (604) 855-3328 Fax: (604) 855-3361



Visions and Voices Summer BBQ Registration Form

Location: Hougou Park, 2887 Cole Rd, Abbotsford

AUGUST 19TH 10:00AM-3:00PM – FOR AGES 6-12

AUGUST 26TH 10:00AM-3:00PM- FOR AGES 13+

Registrations to be sent to Registration@Xyolhemeylh.bc.ca

Participant Information

NAME (FIRST AND LAST):		PHONE NUMBER:	AGE:	Transportation Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS:		CITY:	GENDER:	*Transportation is very limited please provide your own transportation if able to
ALLERGIES/MEDICAL CONCERNS:				
ABORIGINAL STATUS:		<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve		
<input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis <input type="checkbox"/> Other				
Additional info or behaviours Facilitator or Staff should be aware of:				

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: _____



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Visions and Voices Event Code of Conduct

This form must be signed and dated by the participant and is designed to help participants understand expectations of the event. Please read carefully, sign, date this form then return with the Registration form.

I, _____ agree to abide by the following:

1. I will promote a positive, productive, and supportive environment for the group.
2. I will not attend the event if I am feeling sick, if I become ill during the event, I will notify Xyolhemeylh staff or Committee leaders so that I can be safely isolated and returned home.
3. I have not been in contact with any person confirmed to have COVID-19 in the last 14 days and do not have any of the symptoms of COVID-19.
4. I will refrain from using foul and demeaning language, whether in public or among my group.
5. I will not smoke, use any alcohol or drugs other than medication prescribed to me by a doctor. I understand this is a substance free event.
6. I understand this event is outside only and I will wear weather appropriate clothing. If event is cancelled due to weather I will be called and notified.
7. Cloth face masks will be provided to all attendees and participants and are recommended to wear during the event. During certain activities they may be required to wear face mask if they choose to participate in the activity.

I _____, the participant, have read, understand and accept the above expectations of the Visions and Voices Summer BBQ Event

Signature of Child/Youth Registering _____

Signature of Parent/Guardian _____

Date: _____