



Tzeachten First Nation in Partnership with
Fraser Valley Aboriginal Children and Family Services Society



REGISTRATION FORM

(Please ensure all pages are complete)

YOUTH PAINT & MURAL PROJECT

With Artist Fred Jackson



Fred Jackson is a First Nations artist from Tzeachten First Nation which is located in Chilliwack - British Columbia, Canada. Influenced by his surroundings of nature, he began exploring his artistic abilities as a young child. His creative works are inspired by his connections to Stó:lō Téméxw (Stó:lō territory) and the rich natural world that surrounds him.



10:00 AM – 2:00 PM on August 22, 24 & 26, 2022
6325 Matheson Road at the Tzeachten Sports Field under the covered pergola

NO COST to attend. All Supplies will be provided.

Snacks & lunch are included.

TRANSPORTATION CAN BE PROVIDED!

RETURN via email, in person, or by fax (604) 820-2597 to:

Fraser Valley Aboriginal Children and Family Services Society

Attention: Shaelee Harper, Youth Mentor

34110 Lougheed Highway
Mission, BC V2V 4J4

Cell: (604) 798-5392

shaelee.harper@xyolhemeylh.bc.ca



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Youth Registration Form

Name: _____ **Age:** _____ **Sex:** ____ **Date of Birth:** _____
Last First

Address: _____
Street City Postal Code

First Nation Community you belong to: _____

Home Phone: _____ **Cell Phone:** _____

Do you require transportation: ☐ YES ☐ NO

If yes, please specify pick up location and address and drop off (if different from home address) below

Pick up from: _____

Drop off at: _____

Driver(s) Assigned _____
THIS IS FOR INTERNAL USE

Emergency Contact Information:

Please provide two emergency contact names and phone numbers we can call if we are unable to contact you.

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Parental or Legal Guardian Information:

Mother's Name: _____ **Primary Phone:** _____

Cell Phone: _____ ☐ Texting OK **Work Phone:** _____

Father's Name: _____ **Primary Phone:** _____

Cell Phone: _____ ☐ Texting OK **Work Phone:** _____

Parent/Guardian's Signature:

Date:

Witness:

Date:



Participation Permission Form:

1. I give permission for my child/children _____ to be transported by bus/van and participate in Xyolhemeylh - Stó:lō Services Youth Paint & Mural Project organized by the Fraser Valley Aboriginal Children and Family Services Society.
2. I hereby **do** (), **do not** () consent and authorize the Fraser Valley Aboriginal Children and Family Services Society to use and reproduce photographs taken of my child and to circulate same for advertising or publicity purposes of every description.
3. It is our policy that we notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we are unable to contact parents/guardians and require immediate assistance for the child/children. Our procedure is to call an ambulance and transport your child/children to the nearest emergency center.
4. In an event of an injury or medical emergency, it is the policy of Fraser Valley Aboriginal Children and Family Services Society that the decision to call an ambulance (at the participant's expense) rests with the trained staff on duty.
5. I hereby give consent for my child/children _____ when ill or injured, to be taken by ambulance to the nearest emergency center when I cannot be contacted.
6. I have provided the proper medical information and Personal Health Number for my child/children.

Medical Information for:

Child/Youth's Name

Health Care Number:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Allergic to bee/wasp stings | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Recurring headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Behavioral |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Other Allergies/conditions (please list) | |

- ☐ Mental Health (Briefly explain below)

Will your child need to take any medication during the event: ☐ No ☐ Yes **If yes,**
please let us know what it is and what time it's to be taken? _____

Does your child have any special needs or dietary restrictions? Yes ☐ No ☐

If yes, please specify: _____