



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 -HALLOWEEN FRIGHT NIGHT

Registration Form – AGES 13-19 630PM-8:00PM

Location: Reapers Haunted Attraction, 9423 Gibson Rd, Chilliwack

Registrations to be sent to VisionsandVoices@xyolhemeylh.bc.ca

GUIDELINES FOR ATTENDING THE EVENT:

- Event is OUTSIDE ONLY, please dress for the weather, event is rain or shine, wear a jacket and boots/shoes that may get muddy
- Event will be dark and scary
- There is **no smoking/vaping/drugs/weapons** allowed at this event, you will be asked to leave immediately if this isn't followed

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 |
| Participant Email: | | SOCIAL WORKER NAME: | | |
| ALLERGIES/MEDICAL CONCERNS/FOOD RESTRICTIONS: | | | | |
| Additional info or behaviours Facilitator or Staff should be aware of: | | | | |

Caregiver/Emergency Contact Information:

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

Waiver/Release:

Participant agrees to 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 a participant is 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:** _____