

## 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

## **Kitchen Teachings Ages 13-19**

**Registration Form** 

Completed Forms can be sent to Registration@xyolhemeylh.bc.ca

Participant Information				
NAME (FIRST AND LAST):	PHONE NUMBER:		AGE:	GENDER PRONOUNS:
ADDRESS:	CITY:	EMAIL:		
ABBINESS!				
Allergies/Food Restrictions/Medical Concerns:				
Allergies/Food Restrictions/Medical Concerns:				
SOCIAL WORKER NAME:	SW PHON	E NUMBER:		
Additional Info/Comments/Behaviours:				
What do you hope to learn from this program?:				
Timat as you nope to loan nom and progr	u			
Emergency Contact Info				
NAME:	PHONE NUMBER:		EMAIL:	
ADDRESS:		RELATIONSHIP TO PARTICIPANT:		:
		<u> </u>		
Weiver/Delegee				
Waiver/Release:				
-l agree that I will follow all reasona	able instructions and	directions of the	stoff duly opp	sointed by Frager
Valley Aboriginal Children and Fam				
the above named program.	my dervices dociety	-Ayomemeyin in	connection wi	th the operation of
-I hereby release, remise and forev	er discharge the Fr	aser Valley Aborio	inal Children	and Family
Services Society-Xyolhemeylh, its				
actions, claims and demands of wh				
sustained, arising out of or in any w				
location operated by the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh.				
-In the event that I am injured, ill or				

and Family Services Society-Xyolhemeylh staff to seek medical attention on my behalf.

Participant Signature:\_\_\_\_\_ Date:\_\_\_\_\_