



# 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 Registration Form Kids Night Mar 21 5:30PM-8:00PM

Location: *Play Abby*, 2043 Abbotsford Way, Abbotsford

Registrations to be sent to [visionsandvoices@xyolhemeylh.bc.ca](mailto:visionsandvoices@xyolhemeylh.bc.ca)

### **GUIDELINES FOR ATTENDING THE EVENT:**

- Children must wear socks at the event (socks are not provided, please come wearing socks)
- Children are not allowed in and out, once dropped off and signed in children stay until the designated caregiver or staff signs them out
- Children should not bring toys/electronics with them, we are not responsible for lost toys/devices
- Only children registered will be able to attend this private event
- If child is under the age of 5 a parent or caregiver must stay at the event
- Transportation is not provided

### **Participant Information:**

NAME (FIRST AND LAST):	PHONE NUMBER:	AGE:	GENDER:
ADDRESS:	CITY:	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: \_\_\_\_\_