



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



Lacrosse Program Registration Form

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

Participant Information

NAME (FIRST AND LAST):		PHONE NUMBER:	AGE:	GENDER PRONOUNS:
ADDRESS:		CITY:	EMAIL:	
IS TRANSPORTATION NEEDED? Yes <input type="checkbox"/> No <input type="checkbox"/>		JERSEY SIZE (Adult or Youth and Size) :		
ALLERGIES/MEDICAL OR BEHAVIOUR CONCERNS:				
SOCIAL WORKER NAME:		SW PHONE NUMBER:		
Additional Info/Comments:				

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: _____