



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

SOCERPALOOZA Registration Form

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

For the event Participants should wear sunscreen and pack a towel. Caregivers or Parents are welcome to stay and watch. If so we recommend bringing a camping/lawn chair to sit on.

Participant Information

NAME (FIRST AND LAST):	PHONE NUMBER:	AGE:	GENDER PRONOUNS:
ADDRESS:	CITY:	Email:	
Allergies/Food Restrictions/Medical Concerns:			
TSHIRT SIZE (Please indicate Ault or Child and size)		SOCIAL WORKER NAME:	
Additional Info/Comments/Behaviours:			

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.

Participant Signature: _____ Date: _____