

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

Not-So-Silent Night- Kids Night Play Abby Event Dec 14 2023 Registration Form

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

	nformation		
FIRST NAME	LAST NAME	AGE:	Social Worker Name:
ALLERGIES/DIETARY RESTRI	CTIONS:		
Additional Info/Behaviou	rs/Comments:		
Caregiver/Fr	nergency Contact Info		
Caregiver/Er	nergency Contact Info	EMA	IL:
<u>~</u>	nergency Contact Info PHONE NUMBER:	EMA	IL:
NAME:	PHONE NUMBER:	EMA	
NAME:	PHONE NUMBER:		
<u>~</u>	PHONE NUMBER:		
NAME: ADDRESS:	PHONE NUMBER:		
NAME:	PHONE NUMBER:		
DDRESS: Waiver/Relea	PHONE NUMBER:	RELATIONSHIP TO PART	TICIPANT:
Maiver/Relear	PHONE NUMBER: ISE: Il follow all reasonable instructions and d	RELATIONSHIP TO PART	CICIPANT:
Waiver/Relear -I agree that I win Valley Aborigina	PHONE NUMBER: ISE: Il follow all reasonable instructions and did I Children and Family Services Society->	RELATIONSHIP TO PART	CICIPANT:
Waiver/Relear -I agree that I wi Valley Aborigina the above name	PHONE NUMBER: ISE: Il follow all reasonable instructions and d I Children and Family Services Society-> d program.	RELATIONSHIP TO PART	duly appointed by Fraser
Waiver/Relea -I agree that I wi Valley Aborigina the above name -I hereby release	PHONE NUMBER: Ise: Il follow all reasonable instructions and del Children and Family Services Society->d program. e, remise and forever discharge the Fras	RELATIONSHIP TO PART irections of the staff	duly appointed by Fraser ection with the operation of
Waiver/Release -I agree that I wi Valley Aborigina the above name -I hereby release Services Society	PHONE NUMBER: ISE: Il follow all reasonable instructions and d I Children and Family Services Society-> d program.	irections of the staff of Cyolhemeylh in connections of and from all manners.	duly appointed by Fraser ection with the operation of Children and Family er of action, cause of

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:____