

Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh



6249 Matheson Road, Chilliwack, BC V2R 4S8 Telephone: 604-858-0113 Fax: (604) 402-9192

www.fvacfss.ca

<u>Program: Cultivating Safe Space in Co-Parenting Workshop with</u> Elaine Alec and K.A.S.P Sawan

Registration Form

Completed Forms can be sent to emily.kelly@xyolhemeylh.bc.ca

Participant Information					
FIRST NAME	LAST NAME			AGE:	GENDER PRONOUNS:
			T		
EMAIL ADDRESS:	PHONE NUMBER:		ADDRESS:		
CITY:		SOCIAL WORK	CED NAME		
CITT.		SOCIAL WORK	AER NAME		
ALLERGIES/DIETARY RESTRICTIONS:					
Additional Info/Comments:					
Emergency Contact Info)				
NAME:	PHONE NUMB	BER:	EMAIL:		
ADDRESS:		RELATION	RELATIONSHIP TO PARTICIPANT:		
Wei au /Dalana					
Waiver/Release:					
-l agree that I will follow all reas	sonable instruction	s and direction	ns of the	staff duly a	opointed by Fraser
Valley Aboriginal Children and					
the above named program.		\/-!!	ما ۸ ما ۵	مالمال اممانية	on and Family
 -I hereby release, remise and for Services Society-Xyolhemeylh, 					
actions, claims and demands o					
sustained, arising out of or in a					
location operated by the Fraser	r Valley Aboriginal	Children and	Family S	ervices Soc	iety-Xyolhemeylh.
-In the event that I am injured, i	II or in need of me	dical attention	, I author	ize the Fras	er Valley Children

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

Signature:_____ Date:___