



# Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh

201-9300 Nowell Street, Chilliwack, BC, V2P 4V7  
Telephone: 604-858-0113 Fax: 604-402-9465



## Program: West Region Cedar Hat Workshop Registration Form

Completed Forms can be sent to [emily.kelly@xyolhemeylh.bc.ca](mailto:emily.kelly@xyolhemeylh.bc.ca)

### Participant Information

FIRST NAME	LAST NAME	AGE:	GENDER PRONOUNS:
EMAIL ADDRESS:	PHONE NUMBER:	ADDRESS:	
CITY:	SOCIAL WORKER NAME (if applicable):		
ALLERGIES/DIETARY RESTRICTIONS:			
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: \_\_\_\_\_