SKOOKUM JIM FRIENDSHIP CENTRE

RECREATION CHILD/YOUTH INTAKE FORM

REGISTRATION FORM

How did you hear of our program?

Today's Date :

PERSONAL INFORMATION

Name of Parent (s)

Full Address

E-Mail

Phone Number

Are you Status FN? Yes No Inuit Metis Non-status FN citizen/beneficiary

Which First Nation?

Name of Emergency Contact

Their Phone Number

Please let us know if you or your family members have any allergies, food and or physical restrictions:

Completing this form indicates that I have given consent to receive services through the Recreation Child/Youth Intake Form at the Skookum Jim Friendship Centre. I understand that this is voluntary and I can withdraw from services by notifying the Program Coordinator at any time.

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Child(ren) name(s):	Date(s) of birth and current age:

What additional parenting resources are you curious about?

We cannot guarantee the supports you request here will become available though SJFC but if we know of it upon registration, we may be able to help find, advocate for or support in the future

CONFIDENTIALITY AGREEMENT

All personal information collected on this form will remain confidential and is used only for program planning, evaluation, and reporting purposes. Information will not be shared with outside organizations without your consent, except as required by law.

☐ **I have read and understand the confidentiality statement above.**

☐ **I would like to be contacted about future programs and opportunities.**

Signature:_____ **Date:**_____

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PICTURE RELEASE FORM

By signing below, I {Name below} authorize the organization identified above to photograph myself, and any work/art created while in attendance of any Skookum Jim Friendship Center "SJFC" workshops and or programs.

I consent and agree that the pictures & videos taken may be used by SJFC the for purposes in publications or other visual processes.

SJFC reserves the right to have the final selection of which pictures or videos will be used.

I understand that my involvement in this activity does not guarantee that my picture(s) or video(s) will be used.

I understand photos and videos will not be used to generate a profit or for any other commercial purposes. I have not been compensated nor will I seek compensation for the photos.

I release the organization from responsibility should a third party violate the terms of this release.

I,_____, give permission to The Traditional Parenting Daghaałan Program to use any photos of self and/or family in any publication neccessary.

Signature:_____ Date:_____

Witness:_____ Date:_____

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