



Shkoday Abinojiiwak Obimiwedoos: Biwaase'aa After School Program
AFTER SCHOOL PROGRAM REGISTRATION FORM

Print and fill out the form. Bring to your child's school and deliver to the Biwaase'aa Youth Outreach Worker.

1. Participant Name: _____ Gender: **M F** Grade: ____ Age: ____
 Date of Birth: MM ____ DD ____ YYYY ____ Allergy/Medical Concerns: _____
 HealthCard Number: _____

Please circle the days your child is expected to attend: **MON TUE WED THUR FRI**

2. Participant Name: _____ Gender: **M F** Grade: ____ Age: ____
 Date of Birth: MM ____ DD ____ YYYY ____ Allergy/Medical Concerns: _____
 HealthCard Number: _____

Please circle the days your child is expected to attend: **MON TUE WED THUR FRI**

3. Participant Name: _____ Gender: **M F** Grade: ____ Age: ____
 Date of Birth: MM ____ DD ____ YYYY ____ Allergy/Medical Concerns: _____
 HealthCard Number: _____

Please circle the days your child is expected to attend: **MON TUE WED THUR FRI**

Parent/Caregivers Name(s): _____

Address: _____

Phone: _____ Cell: _____

Work Phone: _____ Email Address: _____

Do you self-identify as (optional): **STATUS NON-STATUS METIS INUIT OTHER**

Member of which First Nation: _____

Emergency Contact Information:

Please ensure your emergency contacts and numbers are not listed under Parent/Caregiver. You have informed the person(s) listed below they are being used as an emergency contact and have working telephone numbers.

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Name: _____ Phone: _____ Cell: _____ Relationship: _____

Departure:

The following individuals have permission to pick up my child(ren) from the BIWAASE'AA After School Program. I understand that only individuals listed can pick up my child(ren). If any additional names need to be added (or names removed) it must be done in writing and given to the Youth Outreach Worker. Identification will be requested by staff.

Name: _____ Relationship to child(ren): _____

Name: _____ Relationship to child(ren): _____

Name: _____ Relationship to child(ren): _____

WAIVER AND RELEASE FROM LIABILITY: on behalf of my child(ren), myself, and my child's heirs and assigns, I hereby assume all risks and waive, release and forever discharge Shkoday Abinojiiwak Obimiwedoos from any and all liability, actions, causes of action and damages of whatever kind whatsoever, including, without limitation, general, special, compensatory and punitive damages, for personal injury, property damage, negligence, or wrongful death arising out of, relating to, or in connection with any activity.

Parent/Caregiver Signature: _____ Date: _____

This section is for staff only: Enrollment Date: _____ Staff Member: _____

Before participation in the program, all parts of registration form MUST be completed and SIGNED by the parent/caregiver. It is the responsibility of the parent/caregiver to inform BIWAASE'AA of any changes to the information provided.