



SELKIRK FIRST NATION RECREATION

**[[INSERT NAME OF
CAMP OR ACTIVITY]]**

Registration Form

DATE OF REGISTRATION

The information provided will be kept confidential and not shared for public use

PERSONAL INFORMATION

Full Name :

Date of Birth : Gender:

Health Card # : Address:

EMERGENCY CONTACT INFORMATION

Contact Name: Relationship:

Phone # : Email:

DIET AND MEDICAL INFORMATION

Allergies:

Medications:

Health Concerns:

Anything else to add:

CONSENT

I, (Parent/Guardian) _____, grant permission for (Child's Name) _____, to participate in this event, under the guidance and supervision of SFN Recreation Staff. I, (Parent/Guardian) grant consent to photography/film/videography (yes/no) _____.

Parent/Guardian Signature