



NPAAMB Dream Walkers Gathering 2011 Application to Register Form



Registration ends September 23, 2011

Are you registered with NPAAMB? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what location? <input type="checkbox"/> Brantford <input type="checkbox"/> Hamilton <input type="checkbox"/> St. Catharines <input type="checkbox"/> Fort Erie
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PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE

CLIENT IDENTIFICATION

Last Name:		First Name:	
Mailing Address:		Name of your High School:	
City:		Grade:	Year of Graduation:
Province:	Postal Code:	Date of Birth (MM/DD/YY)	Phone Number:
Email:		SOCIAL INSURANCE NUMBER	
Native Ancestry: <input type="checkbox"/> Status <input type="checkbox"/> Inuit <input type="checkbox"/> Self-Identified <input type="checkbox"/> Non-Status <input type="checkbox"/> Métis		Band Name & Number	
Food Allergies/Special Dietary Needs:		Band Name & Number	
Emergency Contact:	Relationship:	Phone Number:	

Photo Release

I grant the Niagara Peninsula Aboriginal Area Management Board (NPAAMB), its representatives and employees permission to take photographs of me. I authorize NPAAMB, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that NPAAMB may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent Information

I grant permission for my child to attend the NPAAMB Dream Walkers Gathering Y N
 As a parent, are you willing to chaperone? Y N
 Will you be able to pick your child up at their high school after the field trip is over? Y N

Signature (if the release is for a person 18 years or younger a parent or guardian must sign)

Student Signature

Date

Parent Signature

Date

Please fax back to your local YSO location by September 23, 2011:

Hamilton: 905.544.4247

Brantford: 519.751.8334

St. Catharines & Fort Erie: 905.641.2995