



Ma Mawi Wi Chi Itata Centre Inc.

PASS Program Registration 2016

1. Please fill out the following information for the child participating:

Last Name	First Name	Middle Name
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Address: _____

Phone # : _____ Age: _____

Birth Date: _____ Sex: M / F

Medical Number: _____ / _____

Medical Concerns: _____

Name of Physician: _____

Parents/Guardians Full Name: _____

Needs/Dietary Needs: _____

Emergency Contacts (please list two that we can contact or drop off to in an emergency)

Name	Phone Number
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Address

Name	Phone Number
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Address

Family Origin (optional)

Status	Non Status
Inuit	Métis
Other	Please specify:
New Comer	Country of Origin:
First Language:	

Important notes:

- a) Ma Mawi must be notified of any changes to the registration form so our records are accurate and up to date
- b) Often times youth will be taken on an educational 'field trip' away from the assigned centre of the program.
- c) The PASS program focuses on healthy sexuality, healthy relationships and harm reduction. Youth and caregivers are encouraged to discuss all topics from PASS with one another. Caregivers may request additional information on topics at any time. The sexuality education piece focuses on topics of birth control, pregnancy options, sexually transmitted infections, fetal alcohol spectrum disorder and shaken baby syndrome.
- d) Coordinator Contact Information: Chanda Gramada 204-925-0509
cgramada@mamawi.com

I give permission for my child to take part in all and any activities that are a part of the Positive Adolescent Sexuality Support Program. I hereby hold harmless the Ma Mawi Wi Chi Itata Centre Inc for any occurrences involving my child by another child by way of bodily injury or property damage while attending the PASS program.

Signature of Parent/Guardian

Date

I give permission for my child, in the event of an emergency when I cannot be reached, to receive medical procedures deemed necessary by my child's physician, or by another physician.

Signature of Parent/Guardian

Date



Ma Mawi Wi Chi Itata Centre Inc.

Photo/Video Release Form

Children / Youth

"I understand that by participating in Ma Mawi Wi Chi Itata Centre Inc. programming and activities, my child may be photographed and/or videotaped for advertisement, brochure, or other appropriate business use, as well as for distribution in electronic form, including display on any web pages, social media, and public broadcasts created by Ma Mawi Wi Chi Itata Centre Inc. and our funders.

I further understand that the numbered use of the photo/video is infinite, Ma Mawi Wi Chi Itata Centre Inc. has my permission to use any photo/video in which my child appears for whatever use they deem necessary.

I understand that no monies will be received for his/her appearance and I release all parties from obligation."

Print Child's Name: _____

Signature: _____

Parent/Guardian: _____

Date: _____

Street Address: _____

City/Postal Code: _____

Phone: _____