

RISING SUN POW WOW CLUB REGISTRATION FORM



MA MAWI WI CHI ITATA CENTRE

We all work together to help one another.

Please provide as much detail as possible:

PARENT/GUARDIAN INFORMATION

FIRST NAME	LAST NAME
FIRST NAME	LAST NAME

CHILD #1 INFORMATION

FIRST NAME	LAST NAME		
BIRTHDAY (M/D/Y)	AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
MB HEALTH	6 DIGITS	9 DIGITS	

CHILD #2 INFORMATION

FIRST NAME	LAST NAME		
BIRTHDAY (M/D/Y)	AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
MB HEALTH	6 DIGITS	9 DIGITS	

CHILD #3 INFORMATION

FIRST NAME	LAST NAME		
BIRTHDAY (M/D/Y)	AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
MB HEALTH	6 DIGITS	9 DIGITS	

ABORIGINAL DECLARATION (IF APPLICABLE)

<input type="checkbox"/> STATUS	<input type="checkbox"/> NON STATUS		
<input type="checkbox"/> INUIT	<input type="checkbox"/> MÉTIS		
<input type="checkbox"/> NEWCOMER	COUNTRY OF ORIGIN:		
FIRST LANGUAGE			

MAILING ADDRESS

STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE

Strengthening Children and Families... Investing in Our Future

EMERGENCY CONTACT #1

NAME	RELATIONSHIP
PHONE 1	PHONE 2

EMERGENCY CONTACT #2

NAME	RELATIONSHIP
PHONE 1	PHONE 2

MEDICAL INFORMATION

Do you or your child have any medical conditions, allergies, or dietary needs? If so, please specify:

RELEASE FOR EMERGENCY MEDICAL CARE

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.

PHOTOGRAPH RELEASE

I give permission for my child to be photographed by staff as part of Ma Mawi Wi Chi Itata Centre Inc.'s programming .

RELEASE FORM

I hereby hold harmless the "Rising Sun Pow Wow Club program at 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 under the care of the "Pow Wow Club" program.

CODE OF CONDUCT

1. All program participants must behave in a respectful manner.
2. Participants must be respectful of the teachers.
3. Participants are responsible for their own articles.
4. Participants must be respectful of all medicines and of the building.
5. **0 TOLERANCE POLICY** in effect for any bullying inside and outside of the program.

 PARENT/GUARDIAN SIGNATURE

DATE