





Urban Multipurpose Aboriginal Youth Centre

Activity: _____	Date: _____
Name: _____	Education: <input type="checkbox"/> Elementary <input type="checkbox"/> High School
Address: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Phone: _____	Age Category: <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-29
Email: _____	Ethnic Origin: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Non- Aboriginal

PHOTO & VIDEO AUTHORIZATION	
This form must be signed by participant or legal guardian if under age of 18.	
I, _____ the undersigned do hereby consent and agree that the pictures & videos taken of me be used for the Skookum Jim Friendship Centre/UMAYC for purposes in publications or other visual processes.	 Participant's Signature:
	 Parent's or Guardian's Signature:
The Skookum Jim Friendship Centre/UMAYC reserves the right to have the final selection of which pictures/videos will be used. I understand that my involvement in this activity does not guarantee that my picture(s) or videos will be used.	Notes Or Additional Comments:

GUARDIAN, EMERGENCY, MEDICATION INFORMATION			
Permission is granted to administer any First Aid treatment that may be required.			Yes / No
Guardian name		Allergies:	
Phone Number:		Type:	
2 Phone Number:			
EMERGENCY CONTACTS INFORMATION		Medication:	Yes / No
Name:		Name:	
Phone:		Dosage:	
Name:			
Phone:			
 Guardian Signature, if under the age of 18		 Participant Signature	



Contact information: Jonathan Buckle 633-7684
 Thomas Johnston 633-7696
 Fax: 668-4460
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 Whitehorse, Yukon
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