

# PROMOTING LIFE-SKILLS IN ABORIGINAL YOUTH (PLAY) PARTICIPANT REGISTRATION FORM



The Promoting Life-skills in Aboriginal Youth (PLAY) Program uses sport and play to build essential health, education and life skills among children and youth. Wyatt Kecheġo is an employee of Chippewas Of The Thames First Nation Band and has chosen to deliver the PLAY program with the support of Right To Play from **July 2, 2019 to August 22, 2019.**

At the PLAY program, you can expect to have fun, meet others, share your ideas and be challenged! Expect to learn more about how you can be a youth leader in your community. Wear comfortable clothes that you can play games and sports in. At the PLAY program you will engage in a variety of games, traditional leadership workshops, arts and crafts, sports, and other exciting activities.

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Health Card Number: \_\_\_\_\_

Special medical concerns/dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian (or emergency contact) Full Name: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone (work and/or home): \_\_\_\_\_

I consent to (my child's) participation in PLAY program activities in my community.

I consent to my (child's) participation in special events and initiatives associated with the PLAY program in my community, including but not limited to: Sport For Development clinics; activities facilitated by Right To Play partner organizations; community events and tournaments.

I understand that Right To Play and my community's PLAY program have a zero tolerance policy for violence, drugs or alcohol. Anyone found engaging in such activities will be excused from program activities, at the discretion of the PLAY Community Mentor.

I \_\_\_\_\_, agree to follow these policies and acknowledge the implications of breaking the rules.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature

### PARTICIPANT RISK WAIVER

I understand that, as in all sports/activities, there is a risk of physical injury and damage to property. I hereby give my consent for my child/youth \_\_\_\_\_ (print child/youth's name):

To receive emergency medical care which may become necessary in the course of such activities.

I further agree not to hold Right To Play, Right To Play Staff, the Community Mentor or anyone acting on Right To Play's behalf, responsible for any injury occurring to the named participant during Right To Play activities.

Upon registration of my child in the PLAY program, I permit my child to participate in a full range activities, and I authorize the Community Mentor and/or Right To Play staff in the event of an accident or illness affecting the above named participant; to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the participant. Such action shall be taken only when immediate contact with the undersigned cannot be made.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### PHOTO AND RESEARCH CONSENT

Right To Play requests permission to use, copy, or display child's name, photograph, or video recorded image to promote Right To Play events & advertisements on websites, news releases, brochures, pamphlets or other:

Yes, I grant permission to Right To Play to use my child's photo, or video recorded image.

Yes, I grant permission to Right To Play's partner organizations to use my child's photo, or video recorded image.

I agree ( or give consent for my child) to participate in research associated with the PLAY Program which may include: having a discussion associated with the PLAY Program research tape-recorded, quotes from my child being used, without any information that would identify my child, for the purposes of program improvement and reporting to partners and donors.

No, please do not use my child's photo, or video of my child.

\_\_\_\_\_  
Signature of parent /guardian

\_\_\_\_\_  
Date