

After School Program Registration Child's Information

Name: _____

DOB/Age: _____

Age Group (circle one): 5-7 or 8-12

Status Number: _____

Healthcare Number: _____

Allergies, if any: _____

Parent/Guardian Information

Name: _____

Address: _____

Phone Number: _____

Email: _____

Status Number: _____

Please list individuals authorized to pick-up child(ren):

Additional Information

Emergency Contact Name & Phone Number:

Doctor Name: _____

Doctor number: _____



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Release Form for Media Recording Squamish Nation

I hereby consent and agree that the Squamish Nation, and their agents and employees, have the right to photograph, videotape, or digitally record me (the "Recording") and to use the Recording in any and all media, now or hereafter known.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Squamish Nation, their agents and employees, all rights in the Recording including the right to use the Recording in print and electronic form publicly or privately, and to market and sell copies of the Recording itself or the media that will include the Recording. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that the Recording may be used in a variety of promotional materials, including, but not limited to: newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.



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I also understand that the Squamish Nation is not responsible for any expense or liability incurred as a result of my participation in the Recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understood the foregoing statement, and am competent to execute this agreement

(or)
I am the parent/guardian of the subject whose name above and I consent to these conditions.

Name: _____

Date: _____

Address: _____

Signature: _____

Witness: _____

Signature: _____



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