IMPORTANT: This form must be completed and signed by a parent or legal guardian for all participants under 18 years of age

Participant (Youth) Information

Full Name: _____

Treaty Number: _____

Health Card Number: _____

Date of Birth (YYYY/MM/DD): _____

Age as of Today: _____

Gender (optional): _____

Moosomin band Member (Yes / No), Circle one.

Parent / Guardian Information

Parent/Guardian Name(s): _____

Cell Phone Number: _____

Alternate Phone: _____

Email Address: _____

Mailing Address: _____

Emergency Contact (if different from parent/guardian)

Name: _____

Relationship to Participant: _____

Phone Number: _____

Medical Information

Allergies or Medical Conditions:

Medications: _____

Additional Notes: _____

Do you need a Ride to activities? YES / NO

(where do you live):_____

Equipment Sizing

- Shoe Size: _____ (Adult / Youth)
- Jersey Size: [ ] Small [ ] Medium [ ] Large [ ] X-Large
- Shorts Size: [ ] Small [ ] Medium [ ] Large [ ] X-Large

MOOSOMIN
FIRST NATION

Parent/Guardian Waiver & Consent Form

I HEARE-BY AGREE TO, AS DOES MY CHILD, TO OBEY THE FOLLOWING RULES OF THE SPORT & RECREATION PROGRAM:

1. NO SMOKING CIGARETTES AND/OR DRUGS OF ANY KIND, VAPING OR CHEW

2. NO DRINKING ALCOHOL OF ANY KIND

3. NO SWEARING- BE RESPECTFUL AT ALL TIME

4. LISTEN TO CHAPERONE, COACHES, STAFF AND COORDINATORS

IF ANY OF THE RULES OR REGULATIONS ARE DISOBEYED THE CHILD WILL AUTOMATICALLY BE SENT HOME FROM PROGRAMMING, REGARDLESS OF WHERE IT IS.

I ACKNOWLEDGE THAT MY CHILD _____ AND I HAVE READ THE RULES AND REGULATIONS I AGREE FOR MY CHILD TO PARTICIPATE IN THE MOOSOMIN SPORT & RECREATION PROGRAMMING AND ANY EVENTS THEY GO TO AND FURTHER AGREE THAT PARTICIPATING IN THE EVENTS EXPOSES THE ATHLETE TO RISK OF PERSONAL INJURY. AS A PARENT/LEGAL GUARDIAN I AM AWARE OF THE RISKS AND RELEASE MOOSOMIN FIRST NATION AND AFFILIATES FROM ANY AND ALL CLAIMS FOR DAMAGES OR INJURIES IN AN EVENT A PLAYER IS INJURED. I GIVE MOOSOMIN FIRST NATION AND/OR AFFILIATES PERMISSION TO SEEK MEDICAL ATTENTION IF REQUIRED. I AGREE TO BE RESPONSIBLE FOR ANY MEDICAL EXPENSES INCURRED TO RESPECT TO ANY MEDICAL TREATMENT. I AGREE TO NOT HOLD MOOSOMIN FIRST NATION RESPONSIBLE FOR LOST OR STOLEN ARTICLES OR PROPERTY.

CHILD'S NAME: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

WITNESS: _____

Photo Consent

Moosomin First Nation may take photos at programs and events to share in newsletters, on our website and on social media.

☐ Yes, photos of my child may be used.

☐ No, please do not use photos of my child.

Your Privacy

Moosomin First Nation collects the information on this form to deliver to Sports and Recreation and keep your child safe. Health and medical information is seen only by the staff who care for your child in this program. We will not share it outside Moosomin First Nation without your written consent, unless the law requires it or there is an emergency. We store your form securely and keep it only as long as the program needs it. You may ask to see or correct your information at any time. Read our full Privacy Policy at moosomin.ca or call (306) 386-2206.

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