



In-SHUCK-ch Youth

Date _____

Youth Personal Information *(Any information given will be strictly confidential)*

Name _____

Date of Birth _____ Age _____

Community Affiliation: *(circle the Indian band that you are registered with)*

Douglas

Skatin

Samahquam

Address _____

Phone # _____ 2nd Phone # _____ Message # _____

Email _____

Do you have transportation to the gatherings? *(Please circle one)*

Yes

No

Sometimes

What would you like to do?

We would like to line up fun activities, guest speakers, workshops, etc. for the In-SHUCK-ch Youth to participate in. So, we'd like your feedback...

Fun Activities *(eg. bowling, waterslides)* _____

Guest Speakers *(eg. ICBC, Elders)* _____

Workshops *(eg. resume writing, drum making)* _____

Other _____

Medical Information

This information is in case you have any injuries or illness while participating in In-SHUCK-ch activities.

Doctors Name _____ **Contact #** _____

Please list any medical conditions or allergies or if you are taking any medications.

Emergency Contacts

Name _____

Contact # _____

Relation _____

Name _____

Contact # _____

Relation _____

Other Comments & Information _____

Return To: In-SHUCK-ch Nation
Youth Coordinator Kerry-Lynn Giesbrecht
41290B Lougheed Hwy,
Deroche, BC
V0M 1G0
Or Fax: (604) 820-6847
Or Email: kerry.giesbrecht@inshuckch.com
Phone Office: (604) 820-6873