



Indigenous Sport & Wellness Ontario

HIGH FIVE TRAINING
JANUARY 19, 2019
MASK COMMUNITY ROOM
Rama First Nation

Participant Info

First Name	Last Name
Address	Town/City
Province	Postal Code
Preferred Gender	Date of Birth (DD/MM/YYYY)
Email	Cell
Please Choose What Best Describes Your Ancestry:	
First Nation(s), please list:	Status
Inuit	
Métis	Non-Status

Medical Release Info

Are you presently being treated for an injury or sickness, or taking any form of medication for any reason?
 YES NO
 If yes, please explain:

Are you allergic to any type of food or medication? YES NO
 If yes, please explain:

Do you require a special diet? YES NO
 If yes, please explain:

Participation Consent

I understand that by completing this form I am consenting to the ongoing collection, use and disclosure of my personal information, to the Indigenous Sport & Wellness Ontario during the course of ISWO Programming. I understand that this personal information is collected for the purposes of administering ISWO Programming, and that it will be treated with the appropriate level of confidentiality and privacy. I further understand that this personal information will not be disclosed to third parties outside of ISWO except in emergency situations where it is deemed in our best interest, or in responding to claims against ISWO relating to my participation in these programs. I also understand that images collected during the ISWO program may be used for future programming.

_____ Initial

PLEASE RETURN FORM TO CAROLINE.CALVERLEY@ISWO.CA BY JANUARY 9, 2019