



Indigenous Sport & Wellness Ontario

Registration Form

Standing Bear Youth Leadership Camp

August 6-7, 2019

Thunder Bay, ON

Participant Info

First Name	Last Name
Address	Town/City
Province	Postal Code
Preferred Gender:	Date of Birth (DD/MM/YYYY)
Email	Cell
Please Check What Best Describes Your Ancestry	
<input type="checkbox"/> First Nation(s)	<input type="checkbox"/> Status
<input type="checkbox"/> Inuit	
<input type="checkbox"/> Métis	<input type="checkbox"/> Non-Status
Please List Your Home Community/Nation/ and any other Affiliations:	
<hr/>	
<hr/>	

Emergency & Alternative Pickup/Release Info

First and Last Name	Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship	Telephone / Cellphone
Email	
First and Last Name	Emergency Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship	Telephone / Cellphone
Email	

Parent/Guardian Contact Info

First and Last Name	Relationship
Primary Telephone Number	Alternate Contact Number
Email	
Address	



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#ACTIVATINGWELLNESS

Medical Release Info

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? ☐ YES ☐ NO

If yes, please explain:

Is your child allergic to any type of food or medication? ☐ YES ☐ NO

If yes, please explain:

Does your child require a special diet? ☐ YES ☐ NO

If yes, please explain:

Primary Physician:

Primary Physician Address:

Telephone Number:

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 and quotes collected during the ISWO program may be used for future programming and research purposes.

_____ Initial

_____ Date

ROWAN'S LAW

As of July 1, 2019, Rowan's Law comes into effect within the Province of Ontario. Under Rowan's Law, ISWO must ask you to confirm that you reviewed one of the Concussion Awareness Resources at the website Ontario.ca/concussions before you can register/participate in sporting events.

Participants must review one of the resources once a year, and then confirm that they have completed the review every time when registering with ISWO.

☐ Check this box if you have reviewed at least one of the Concussion Awareness Resources