



Indigenous Sport & Wellness Ontario
Well Nation Program Registration Form
Fort William First Nation Gymnasium

Participant Info

First Name	Last Name	
Address	Town/City	
Province	Postal Code	
Preffered 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"/> Non-Status <input type="checkbox"/> Métis		Please List Your Home Community/Nation/ and any other Affiliations: _____ _____

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	



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

READ BEFORE SIGNING

WARRANTY AND CONSENT OF PARENT/GUARDIAN

ASSUMPTION OF RISK

IN CONSIDERATION of allowing my minor child/ward to participate in the programme, related events and activities of Indigenous Sport & Wellness Ontario.

I WARRANT TO YOU THAT:

I am a parent/guardian having full legal responsibility for decisions regarding my minor child/ward, and I am familiar with the risk of serious injury and death which any participant in this programme must assume and,

I believe that my minor child/ward is physically, emotionally and mentally able to participate in this programme, and that his/her equipment is mechanically fit for his/her use in this programme, and

I understand, and will instruct my minor child/ward, that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with my minor child/ward, and

I will immediately remove my minor child/ward from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that my minor child/ward has experienced any deterioration in his/her physical, emotional or mental fitness for continued participation in the programme.

I UNDERSTAND AND AGREE, ON BEHALF OF MY MINOR CHILD/WARD, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by my minor child/ward even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein.

Participation Consent

I understand that by completing this form I am consenting to the ongoing collection, use and disclosure of 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.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

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