

# Dancers and Drummers of the New Dawn

## Participant Application



### Participant Information

Name	
Street Address	
City, Prov., Postal Code	
Home Phone	
E-Mail Address	
Band Number	
Age	

### Medical Conditions

Please provide information regarding any medical conditions the participant may have in the space below (Note: Please verify below if smudging causes concern for any medical conditions).

### Allergies or Special Requirements

Detail any allergies, dietary restrictions, or special requirements the participant may have in the space below (Note: Please verify below if smudging causes concern for any allergies).

### Person to Notify in Case of Emergency

Name	
Relationship (e.g., Mother)	
Street Address	

City, Prov., Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

**PARENT’S/GUARDIAN’S APPROVAL AND WAIVER OF CLAIM**

I hereby authorize the Project Coordinator or individual (as assigned by the Project Coordinator), to secure such medical advice and services as may be deemed necessary for the health and safety of my son/daughter, and I agree to accept financial responsibly in excess for the benefits allowed by Provincial Health Insurance Plans.

**DECLARATION** – “I hereby agree that my child be accepted for the Dancers and Drummers of the New Dawn project and will participate fully in the program. I will accompany the child to the place of departure and meet him/her on return. I hereby release Qalipu First Nation from all responsibility and claim for accident, sickness or other loss during participant’s absence from home.”

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Photo Waiver**

I give permission for the Dancers and Drummers of the New Dawn program to use appropriate activity related pictures/videos of the participant and/or myself in promotional material. I also give permission for media to take activity related pictures/videos of the participant and/or myself for program-related stories.

Signature of Parent or Guardian: \_\_\_\_\_

**NOTE:** Please return the completed application form by email to [shindy@qalipu.ca](mailto:shindy@qalipu.ca) or hand in to Project Coordinator, Sara Leah Hindy, on the first day of the Dancers and Drummers of the New Dawn program.