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| attendee INFORMATION |
| Last name: | First: | Middle: | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Marital status (circle one) |
|  | Single / Mar / Div / Sep / Wid |
| Is this your legal name? | If not, what is your legal name? | (Former name): | Birth date: | Sex: |
| ❑ Yes | ❑ No |  |  |  / / | ❑ M | ❑ F |
| Street address: | Cell phone: | Home phone no.: |
|  | ( ) | ( ) |
| P.O. Box: | City: | Province: | Postal Code: |
| Age: | ❑0 -18, ❑19-30, ❑31- 40, ❑41-50, ❑51-60, ❑61-70, ❑71-80, ❑81-90, 91-100, |
| INDIAN RESIDENTIAL SCHOOL HISTORY |
| Which schools did you attend? | 1. ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| ❑Day School (Fed), ❑Day Scholar, ❑60 Scope, ❑Residential School, ❑intergenerational descendants, ❑Boarding Homes, ❑Hostels, ❑Foster Home,  |
| ❑ Yes ❑ No  | I accept to be recorded or interviewed to promote the event in a healing way |
| GENERAL INFORMATION |
| Other family members attending? | Name: Cell:  |
| Do you have any suggestions or activities? |  |
| Are you willing to do some workshops or as a speaker? |  |
| What is your occupation? |  |
| If you wish to volunteer / if you are needed? | Volunteer: ❑Yes or ❑ No |
| IN CASE OF EMERGENCY |
| Name of local friend or relative (not living at same address): | Relationship to participant: | Home phone no.: | Work phone no.: |
|  |  | ( ) | ( ) |
| The above information is true to the best of my knowledge. I understand that I am fully responsible for myself and the event organizer of the event will not be held responsible for any incidents, which may occur. **Special COVID-19 Protocol:** ***All participants need to have had the two (2) vaccines to be part of the conference.*** ***Be prepared vaxicode or paper copy!*** Please follow the following Basic Health Measures:  Frequent Hand Washing, Physical Distancing, Wear Mask, Cough Into Your Elbow, Plan Your Travel   |
| Are you fully vaccinated? ❑Yes or ❑ NoDo you have any allergies? ❑Yes or ❑ No Food or other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Participants/Guardian signature | Date |