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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. ­­­­­­­­­­­­­­­­­­| | | | | | | | | | | | | | | | | |
| ❑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 ❑ No  Do you have any allergies? ❑Yes or ❑ No Food or other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Participants/Guardian signature | | | | | | | | | | | | Date | | | | | | | | |