

BIIDAABAN YOUTH GROUP (BYG): 2020-2021 REGISTRATION FORM	
Youth Last Name:	Youth First Name:
Birthdate (DD/MM/YYYY): Age:	Grade (4, 5 or 6):
Home Address <i>(Please include your full address as materials will be mailed to the address you indicate):</i>	
Parent's/Guardian's Email Address: <i>(Please note that all program information will be sent here)</i>	
Language(s) spoken by youth: Cree <input type="checkbox"/> Anishinaabemowin <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> _____	
Primary Contact Information:	
Parent/Guardian Last Name:	Parent/Guardian First Name:
Home Phone #:	I am a student at Nipissing University Yes No
Cell Phone #:	If yes, Nipissing University Student Number:
Work Phone #:	Relationship to Child:
Secondary Contact Information:	
Last Name:	First Name:
Home Phone #:	I am a student at Nipissing University Yes No
Cell Phone #:	If yes, Nipissing University Student Number:
Work Phone #:	Relationship to Child:
<p>YES, I give permission to Nipissing University for my child to participate in the Biidaaban Youth Group (BYG) online sessions via Zoom. By signing this document, I understand that this session does not relieve me of my parental duties and that I must remain present in the home and within the vicinity during programming. I also understand that my child may require my assistance during sessions (i.e. signing on and off of the Zoom sessions). Youth are expected to attend scheduled Biidaaban Youth Group sessions by joining virtually as planned. Should the youth be absent, program hosts may call the primary contact to follow up. I understand that program hosts will have access to the information provided in this form. Secondary contact information will be used in emergency situations only, should the primary contact be unavailable. Please note that multiple absences may result in withdrawal from the program. I understand that I will need access to a computer or tablet, and internet in order to participate.</p> <p>INFORMED CONSENT: I hereby release Nipissing University, its agents, employees and volunteers from all liabilities, claims, demands, actions and causes of action of any nature arising from or related to any injury, including death, suffered by the student, including any damage, loss, theft or destruction of property, injury or death resulting from the negligence of the Faculty, Nipissing University, its agents, employees or volunteers, while attending, participating in or travelling to or from any of the activities completed in the Biidaaban Youth Group Program.</p> <p>PARENT / GUARDIAN <i>(Electronic Signature)</i>: _____</p> <p>DATE (DD/MM/YYYY): _____</p>	