

BIIDAABAN YOUTH GROUP (BYG): 2021-2022 REGISTRATION FORM

Youth Last Name:		Youth First Name:	
Birthdate (DD/MM/YYYY): Age:		Grade (3, 4, 5 or 6) and School Board:	
Home Address (Please include your full address as materials will be mailed to the address you indicate):			
Parent's/Guardian's Email Address:			
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 #:		Relationship to Child:	
Cell Phone #:			
Work Phone #:			
Secondary Contact Information:			
Last Name:		First Name:	
Home Phone #:		Relationship to Child:	
Cell Phone #:			
Work Phone #:			
<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/guardian 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.</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 (Electronic Signature): _____</p> <p>DATE (DD/MM/YYYY): _____</p>			

BYG PHOTO RELEASE

The following is a photo release waiver. During the delivery of the Biidaaban Youth Group program there may be photos taken for the purpose of documenting, reporting and promoting our programming. Should your child's photo be taken we require your permission in the form of signature on the following Nipissing University Model Release:

For good and valuable consideration, receipt of which is hereby acknowledged. I consent that Nipissing University, their legal representative, successors or assigns, shall have the absolute right and permission to copyright, publish, use sell or assign any and all photographic, portraits, pictures or video of me taken on this date, whether apart from or in connection with illustrative of written matter, story or new items or for trade, advertising or for any other purpose in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise. I hereby release, discharge, and agree to save harmless their legal representatives or assigns and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtual of any blurring, distortion, alteration, optical illusion or use in composite from, whether intentional of otherwise, which may occur or be produce in the taking of said picture or video and the publication thereof. I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution and that I am fully familiar with the contents thereof.

FULL NAME OF CHILD (Please Print): _____

PARENT / GUARDIAN (Electronic Signature): _____

DATE (DD/MM/YYYY): _____

Should you have any questions or concerns about this registration form or our Biidaaban Youth Group program, please feel free to contact:

Carrie Demers, Student Placement Coordinator
Email: carriede@nipissingu.ca

Makayla Nowee, Community Service-Learning Officer
Email: makaylan@nipissingu.ca

BCSL Phone: 705-303-2336

Protection of privacy: The information on this form is collected under the authority of the Nipissing University Act, 1992. It is related directly to and needed by the University to support your child's registration and participation in the Biidaaban Youth Group Program. Employees of the Biidaaban Youth Group Program, Enji giigdoyang, Office of Indigenous Initiatives will use this information. If you have any questions about the collection, use, and disclosure of this information, please contact: Enji giigdoyang, Office of Indigenous Initiatives, Nipissing University, 100 College Drive, North Bay, ON, P1B 8L7