



# WUIKINUXV SUMMER PROGRAM REGISTRATION FORM

## Student Info

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City/Province/  
Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you require travel support into Wuikinuxv?

Yes

No

From:

Who will you be staying  
with while home for the  
summer?

T-Shirt Size \_\_\_\_\_

Areas of Opportunity for work experience – Select up to 3 options

Administration

IT

Facilities

Education

Headstart

Language

Fisheries & Stewardship

Tech Lodge

Health

## Emergency Contact

Wuikinuxv Nation  
c/o Bag 3500  
Port Hardy, BC V0N 2P0



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First Name

Last Name

Cell Phone

Work Phone

Email

## Parent Contact

First Name

Last Name

Cell Phone

Work Phone

Email

I, the undersigned  First Name  Last Name , am the parent or legal guardian of the child/youth named  First Name  Last Name, who was born on   Date and resides in  Street Address  Address Line 2  City  State  Zip .

For any situation, I assure that I will be available for the phone call at Area Code Phone Number . As a parent or legal guardian, I affirm that I have been completely informed all the sport activities that the child/youth will participate. I understand the general structure of the sport activities/programs and do not need to be informed of each and every activity.



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Consent to Participate in Summer Camp