



2023 Youth Tee Pee Summit Registration Form

Name: _____

Treaty Area: 6 / 7 / 8 (circle one) Community: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ DOB: _____

Email: _____

Emergency Contact: _____ Relationship to youth: _____

Emergency Contact Phone No. _____

Photograph/Image Consent Form

I hereby grant permission to First Nations Health Consortium Ltd. And its representatives to:

1. Photograph and video me and otherwise capture my images and to make recordings of our voices.
2. To reproduce, use, exhibit, display, broadcast and distribute these images and recordings in any media now known or later developed for promoting, publicizing, or explaining First Nations Health Consortium and its activities, and for its administrative, educational or research purposes; and
3. To disclose my dependent(s) identity in relation to any images or recordings taken hereunder.
4. I am the parent or guardian of the dependent(s) noted below, such dependent(s) being under the age of 18 years and/or dependent adult, or youth above 17 years of age and I am duly authorized to provide this consent in my personal capacity and on behalf of each of my dependent(s).

First and Last Name of Youth (Print)

Signature

First and Last Name of Parent/Guardian (If under 18)

Signature

Date



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HEALTH CONSORTIUM

