



“SPIRIT OF SYILX”

Okanagan Nation Youth Unity Run

Creating Awareness against Suicide and Violence
April 23-25, 2010

Registration Form

Registrant Type: Youth Staff Chaperone Parent CRT RCMP

General Information (Please Print)

First Name _____ Last Name _____		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Address (number and street): _____		Date of Birth: <u> </u> / <u> </u> / <u> </u> <small>Month Day Year</small>
City/Town: _____	Postal Code: _____	Day Telephone No. (youth cell if available) () _____
ONA Member Band Name: _____		Evening Telephone No. (youth home) () _____
Chaperone Information: <i>Fill our if between the ages of 13-17</i> Name of Chaperone: _____ or Name of Band Worker: _____ <small>Each Participant between the ages of 13 – 17 requires a Chaperone or to be in the care of the Youth/Band Worker from their community as a safety precaution.</small> <small>A participant 13 years of age or younger is REQUIRED to be accompanied by parent/guardian.</small>		Emergency Contact Name & Number: 1. _____ <small>Name</small> _____ <small>Phone Number (s)</small> 2. _____ <small>Name</small> _____ <small>Phone Number (s)</small>
Name of Parent/Guardian: _____		Guardian Contact Information: _____
Student E-mail address _____		T-shirt size: Circle: Adult Youth <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

Running Information

Classify yourself as a Runner? First Time (0-3 km) Beginner (3-5 km) Intermediate (1-10km) Advanced (10 km+)

Have you ever participated in a timed run? If so how long did it take you to run? _____ time _____ kms

Run Schedule: Entire Event or I am available to run on the following days (please include your arrival time):
 Friday arv:_____ Saturday arv:_____ Sunday arv:_____ I will be at the Opening Ceremonies :_____

Note: The Run will start at 8:00 am on Friday Morning



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Medical Information

BC MEDICAL(PHN) # :
Do you take any medicine regularly? Y N If yes, Explain:
Do you have any allergies? Y N If yes, Explain:
Do you have any other Health Concerns? Y N If yes, Explain:
Have you had any history of running injury in the past? Y N If yes, Explain:

Permission Information

I assume all risks associated with running in this run including, but not limited to falls, contact with other participants, the effects of the weather, including high and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry. I waive and release all sponsors and their representatives from all claims or liabilities of any kind arising out of my participation in this event.
I also give the Okanagan Nation Alliance permission to photograph and release all photos of me during this event. I am aware that photos and filming will take place and may be distributed and/or posted on the Okanagan Nation Alliance website.
Print Applicant’s Name: Date:
Signature:
Parent/ Guardian for registrants 17 and under: (print name)
Signature:

PLEASE SEND ALL COMPLETED APPLICATION FORMS TO:
OKANAGAN NATION ALLIANCE
Attention: Tara Montgomery, Communications
3255 C Shannon Lake Road Westbank, British Columbia V4T 1V4
Fax 250.707.0166 Email: tmontgomery@syilx.org