



## ***Métis Settlements Life Skills Journey Program*** **Youth Participant Information and Registration for Buffalo Lake Métis Settlement**

### **Background**

The Métis Settlements Life Skills Journey (MSLSJ) program is a community-led life skills program that was developed by a Buffalo Lake Métis Settlement advisory committee and University of Alberta partners.

### **Purpose**

The goal of the MSLSJ program is to build resiliency among youth by teaching them about self-esteem, communication, and respect for differences. We will also teach children how to be positive community members, say no to peer pressure, stand up to bullies, and deal with grief in healthy ways.

### **Possible Benefits**

Your child may learn skills that help them make good choices regarding substance abuse and bullying, etc.

### **Possible Risks**

Your child may talk about issues/problems in their life. We will provide phone numbers of professionals or people in the community who can help if needed.

### **Voluntary Participation**

All participation is voluntary. If you allow your child to take part, you or your child can change your mind at any time.

**Buffalo Lake Métis Settlement is not responsible for any injuries, or any damages, lost or stolen items.**

**Parent or Guardian: Remove this portion of the form to keep for your records.**

**Métis Settlements Life Skills Journey Program 2020  
Registration  
Buffalo Lake Metis Settlement**

**PARTICIPANT INFORMATION**

|   |           |                    |              |
|---|-----------|--------------------|--------------|
| <b>Participant (the Child):</b>   | LAST NAME | FIRST NAME         |              |
| BIRTHDATE (MM/DD/YYYY)  |           | HEALTH CARE NUMBER |              |
| <b>Participant (the Child):</b>   | LAST NAME | FIRST NAME         |              |
| BIRTHDATE (MM/DD/YYYY)  |           | HEALTH CARE NUMBER |              |
| <b>Participant (the Child):</b>   | LAST NAME | FIRST NAME         |              |
| BIRTHDATE (MM/DD/YYYY)  |           | HEALTH CARE NUMBER |              |
| <b>Participant (the Child):</b>   | LAST NAME | FIRST NAME         |              |
| BIRTHDATE (MM/DD/YYYY)  |           | HEALTH CARE NUMBER |              |
|   |           |                    |              |
| <b>Parent/Guardian(s):</b>  | LAST NAME | FIRST NAME         | PHONE NUMBER |
| <b>Please provide EMAIL to be added to email list regarding programming</b> | EMAIL     |                    |              |
| <b>Emergency Contact:</b>   | LAST NAME | FIRST NAME         | PHONE NUMBER |
| ADDRESS   |           |                    |              |
| CITY  |           | PROVINCE           | POSTAL CODE  |

|   |                                  |     |         |         |                       |
|---|----------------------------------|-----|---------|---------|-----------------------|
| <b>MAIN SOURCE OF TRANSPORTATION TO/FROM REC CENTER</b><br>✓ all that apply | PARENT/GUARDIAN DROP OFF/PICK UP | BUS | WALKING | BICYCLE | OTHER(please specify) |
|---|----------------------------------|-----|---------|---------|-----------------------|

**IMPORTANT MEDICAL INFORMATION**

Please list allergies, medical concerns, and food restrictions. Is your child taking any medication and does it require any specific arrangements to be taken? To help us prepare for your child it is important to know if your child has any special needs.

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**PARENTAL/GUARDIAN AGREEMENT AND ACKNOWLEDGEMENT**

**Please check ONE of the following:**

- I give permission to use my child’s photograph on the program website/social media or in program information.
- I **do not** want my child’s photograph used on program website/social media or in program information.

**Please check ONE of the following:**

- I give permission for my children to attend field trips such as, but not limited to, visits to a lake, a farm with various animals, a forested area, and/or a community walk.
- I **do not** want my children attending field trips.

**RULES**

The parent/guardian and the child agree:

**To follow** all the instructions and rules of the program.

**To respect** the disciplinary actions of the program facilitators.

**Buffalo Lake Metis Settlement is not responsible for any injuries, or any damages, lost or stolen items.**

I have read and understood the content of this form and consent to my child’s participation in the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

AFTER COMPLETING THIS FORM, PLEASE RETURN TO **YOUTH LIFE SKILLS COORDINATOR** WITH BUFFALO LAKE MÉTIS SETTLEMENT