



KIKENOMAGA KIKENJIGEWEN EMPLOYMENT & TRAINING SERVICES

Certificate of Indigenous Language Revitalization

Registration Form

LEGACY OF WISDOM - ELDERS GATHERING

DATE OF REGISTRATION

/ /

PERSONAL INFORMATION

Full Name :

Date of Birth : / /

Phone :

Email :

Gender : Male Female Other

Health Card No:

Status ID No:

First Nation/Metis/Inuit
(specify nation)

Community:

Emergency
Contact:

Relation:

ADDRESS

Present Address :

City :

Province:

Postal Code :

P.O. Box

Mailing Address :

City :

Province:

Postal Code :

P.O. Box

ADDRESS KKETS:

A : 523 Algoma St N, Thunder Bay, ON P7A 5C2

Participant Signature

Office Signature

P : (807) 768-4470 F : (807) 768-4471 E : kkets-reception@matawa.on.ca

MEDICAL INFORMATION

PLEASE READ AND ANSWER CAREFULLY

- | | |
|---|--|
| <input type="checkbox"/> Valid Health Card | <input type="checkbox"/> Immunized |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Anxiety or Panic Attacks | <input type="checkbox"/> Medical Alert Card/Bracelet/Chain |
| <input type="checkbox"/> Head or back conditions or serious injuries in the past year | <input type="checkbox"/> Allergic to food/medications/other |
| <input type="checkbox"/> Anaphylactic | <input type="checkbox"/> Chronic medical condition(s) |
| <input type="checkbox"/> Physical mobility limitations | <input type="checkbox"/> Fainting, dizziness or sudden loss of consciousness |
| <input type="checkbox"/> Dietary restrictions | <input type="checkbox"/> Require daily medication |
| <input type="checkbox"/> Require emergency medications (EpiPen, asthma puffer insulin and/or other) | <input type="checkbox"/> Other (any illness, health or emotional concern the program should be aware of) |

PLEASE EXPLAIN ANY MEDICAL CONDITIONS FROM ABOVE IN THE SPACE PROVIDED BELOW

PARTICIPANT INFORMATION

PLEASE READ AND ANSWER CAREFULLY

VIDEO/PHOTO SESSION INFORMATION

Are you interested in Video/Photo Session?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you be willing to take part in a videotaping session?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you be willing to have your photo taken?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you be willing to share a story during your video session?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You are aware the CONFERENCE focus is Indigenous Knowledge and Language revitalization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please list 3 areas and or/fields of interest in traditional knowledge and Language revitalization.

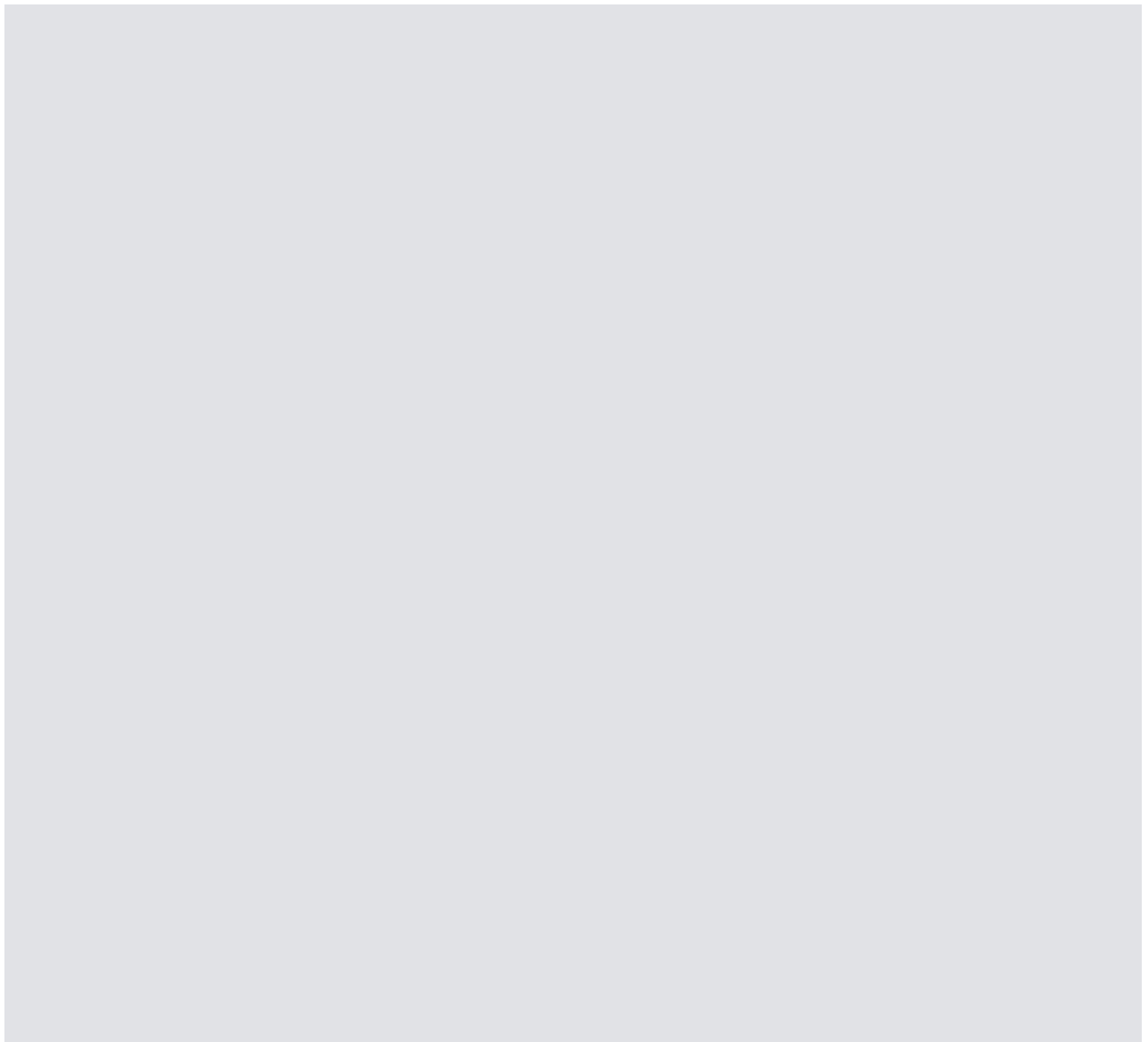
PARTICIPANT INFORMATION

PLEASE READ AND ANSWER CAREFULLY

TRAVEL INFORMATION

- | | | | | |
|--------------------------------------|-----|--------------------------|----|--------------------------|
| Are you going to be driving in? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Requiring charter? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you require any special needs? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Mobility issues? (please list below) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

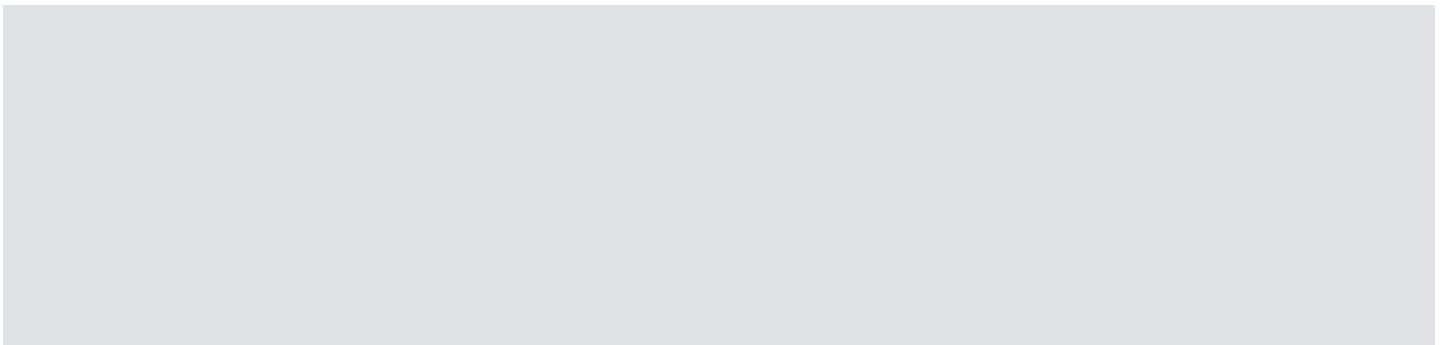
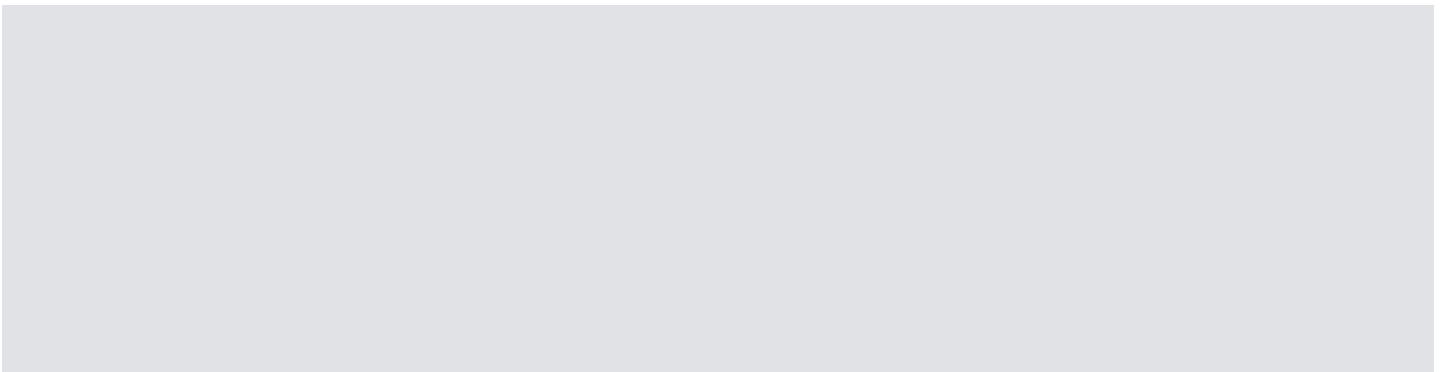
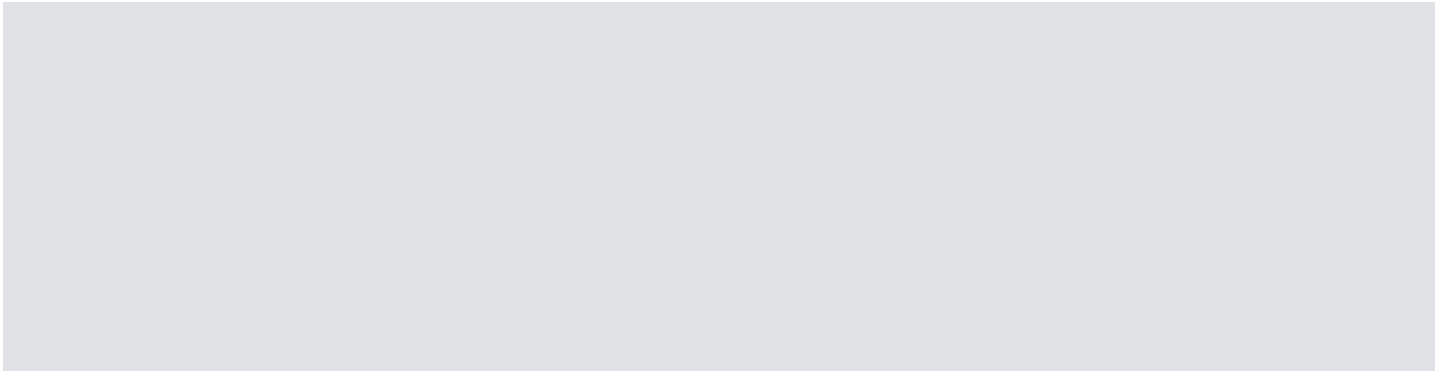
Please list any needs that you may require in traveling?



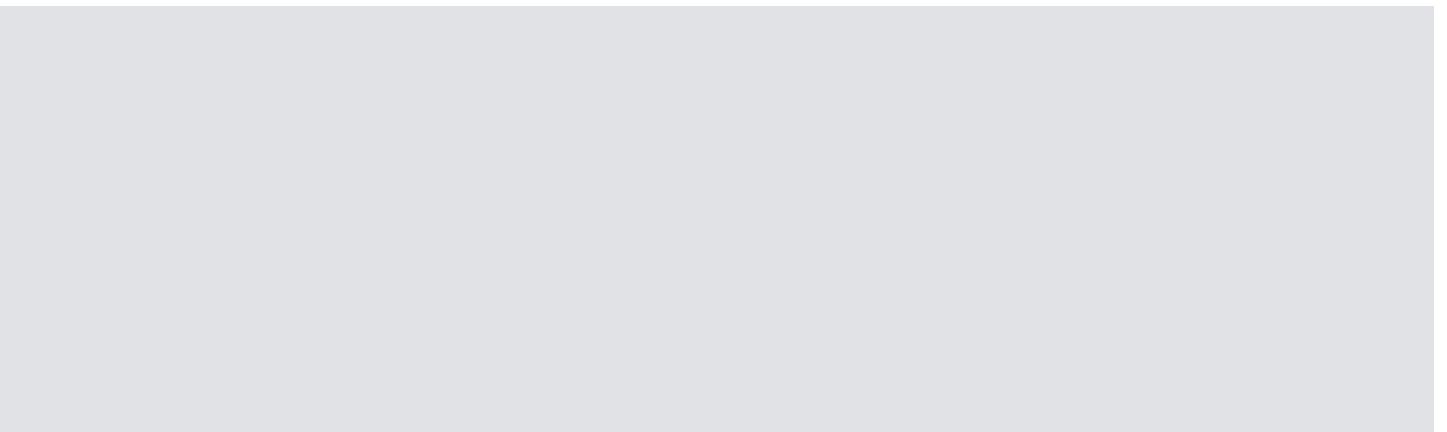
PARTICIPANT INFORMATION

PLEASE READ AND ANSWER CAREFULLY

Please list 3 areas and or/fields of interest in traditional knowledge and Language revitalization.



Please list what you think is needed in your community and needs to be brought to attention in regard to language revitalization.



AUTHORIZATION

I/We, the undersigned, do hereby consent to participation in the 2023 Elders Gathering - Legacy of Wisdom.

I/We have fully disclosed all information requested on the application form and I/We understand incomplete, false or misleading applications may jeopardize my/our opportunity to attend the program.

I/We understand that the program rules and regulations are designed for the protection of participants and I/We undertake that I/We will abide by the rules and regulations of "The Organization".

I/We have carefully read all the information provided and completed the application truthfully and to the best of my knowledge. I/We understand this agreement and hereby consent to participate.

Applicants name (Print)

Date

Applicants Signature

**523 ALGOMA ST. N
THUNDER BAY ON P7A 5C2
TEL: (807) 768-4470
FAX: (807) 768-4471
OR
"ATTN: LEGACY OF WISDOM"
LBRUYERE@MATAWA.ON.CA**

THANK YOU **FOR REGISTERING**