



Nisga'a Lisims Government

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NISGAANATION.CA

**NISGA'A ON WATER 2016
JULY 27-29, 2016
YOUTH RIVER RAFTING CULTURAL EXPEDITION APPLICATION FORM**

Participant

Name: _____

Phone

Number: _____ **Email:** _____

Community: (please circle one)

Terrace **Aiyansh** **Gitwinksihlkw** **Laxgalts'ap**

Gingolx

Or chaperone: (19+ require criminal record check)

Age: _____

Wetsuit Size (please circle): **XS** **S** **M** **L** **XL**

Parent/Guardian

Name: _____

Parent/Guardian Phone

Number: _____

Parent/Guardian

Email: _____

Health Issues that we should know about (allergies, pregnant, medical conditions, current medications, past medical history): _____

Previous river or outdoors experience: _____

Questions or concerns: _____

-
- ☐ Yes – you can use photo and/or video of the above participant to promote the program
- ☐ No – you cannot use photo and/or video of the above participant to promote the program

Signature of Participant

Date

Signature of Parent/Legal Guardian Date

****if under 19**

****If you have any questions or need assistance filling out this form, please contact
Teanna Ducharme, Youth Organizing Youth Coordinator and we will be happy to assist you!**

Teanna Ducharme

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