

REGISTRATION FORM



Indigenous Youth Leadership Training Empowering Future Leaders

Warm Springs Community Center
Warm Springs, Oregon
Wednesday, August 26 - Thursday, August 27, 2015

Indigenous youth are invited to attend a FREE 2-day youth training that includes interactive, high-energy workshops focused on team building, developing leadership and critical thinking skills, and skills for building healthy relationships. Activities run from 8:30am – 4:30pm daily. Lunch and snacks provided.

Pre registration is required – limit 60 participants ages 14-24. All participants will need to sign a media release form. Youth under age of 18 also need a signed waiver/liability form. Forms will be available on site or can be emailed to you.

If you have any questions, interested in volunteering, or donating, please contact Alyssa Macy, Warm Springs Youth Council Advisor at: 541-553-1968 or email: alyssa.macy@wstribes.org.

The Warm Springs Youth Council is a youth-led cultural and leadership initiative working to empower youth voices. Connect with the Warm Springs Youth Council on Facebook and Twitter!



WWW.WARMSPRINGSYOUTHOUNCIL.ORG



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Participant Name & Contact Information

First/Last Name: _____

Tribal Affiliation: _____

Age (training is open to youth 14-24): _____ Date of Birth: _____

Address/City/State/Zip: _____

Contact number: _____ Contact number is (circle) : cell home

Email address: _____

Are you currently a student? Yes No

If so, where do you attend? _____

Allergies and other dietary restrictions: _____ How did you first hear about the WSYC?

_____ Gluten-free
_____ Lactose intolerant
_____ Nut allergy
_____ Other: _____

_____ School
_____ Internet
_____ Radio
_____ Friend
_____ Other: _____

T-Shirt size (circle): S M L XL XXL XXXL

Parent/Guardian - Emergency Contacts

This section is required for youth under the age of 18. This/these individual(s) should be your emergency contact(s). Please provide the appropriate information to ensure your safety.

First/Last Name:(s): _____

Address/City/State/Zip: _____
(If different than above)

Contact number: _____ Contact number is (circle) : cell home

Contact number: _____ Contact number is (circle) : cell home

Email address: _____