**REGISTRATION FORM**

**Please Note: Eligibility & Costs**

The **AAYEC** is a camp open to Aboriginal Youth between the ages of 18-39 who reside in Alberta. There is no charge for participation as all travel and retreat costs will be paid by AAYEC and its sponsors.

Early registration is recommended. The maximum number of participants for the 2022 camp will be 24. Interested participants will go through a selection committee, screening process and phone interview. Previous business experience is not required but a desire to learn with a great attitude and a willingness to work as a team member is considered a great asset.

Each participant will be required to provide two references, complete medical and other forms which will be sent by mail once your application is accepted and approved. **Applications accepted until June 6th, 2022.**

**Section I - Personal Information**

Full Name:

Address:                      Province:

City:                           Postal Code:

Phone: (     )\_           Work Phone: (     )       Cell Phone: (     )

Gender: Male [ ]  Female [ ]  Prefer not to specify [ ]  Best time to contact me: [ ] A.M. [ ]  P.M.

 E-mail:                                     Date of Birth:                 MM/DD/YYYY

 Shirt Size: XS[ ] SM[ ]  MED[ ]  LG[ ]  XL[ ]  XXL[ ]

Aboriginal Background: FN Treaty / Status [ ]  FN Non-Status [ ]  Metis [ ]  Inuit [ ]

First Nation (name) or Métis affiliations:

Are you a person living with a disability? **YES** **[ ]  NO** [ ]

If YES, please explain:

Are you in School? **YES** **[ ]  NO** [ ]

If yes, what is the name of the school?

Are you employed? **YES** **[ ]  NO** **[ ]**

If yes, state full-time or part-time:

If yes, please name employer:

If no, what is your primary source of income?

**Section II - References**

Please list a Personal and an Employment related reference.

Personal - Name:                      Phone: (     )

Employment - Name:                      Phone: (     )

\*If an Employment reference is not available, applicants can provide a reference from a teacher or mentor.

**Do you have a clear criminal record?** **YES[ ]  NO** [ ]

**Section III - Questions for the Participant**

What is your motivation for wanting to be a participant in this camp? (If additional space is required, please attach to back of form)

Do you have a long-term career/personal development plan?

How will you use the training from AAYEC?

Have you or a family member ever owned and operated a small business? **YES [ ]  NO** [ ]

If yes, explain:

Have you attended AAYEC previously? **YES [ ]  NO** [ ]

If yes, when:

If yes, please explain why you’d like to attend again:

**Section IV – Medical Disclosure**

Age:       Weight:       Height:

Health Care Number:

***In Case of Emergency, Please Contact:***

Name:                          Relationship:

Phone (A.M.) (     )       Phone (P.M.) (     )

Cell Phone: (     )

**Section IV – Medical Disclosure Continued.**

Name:                          Relationship:

Phone (A.M.) (      )       Phone (P.M.) (      )

Cell Phone: (     )

Can you swim? **YES [ ]  NO** [ ]

Do you have CPR / First Aid? **YES [ ]  NO** [ ]

Do you have any learning challenges? **YES [ ]  NO** [ ]

Have you ever had frostbite? **YES [ ]  NO** [ ]

What was the date of your last Tetanus vaccination?

Are you currently taking any medications? **YES [ ]  NO** [ ]

If yes, please provide name, dosage, frequency and possible side effects or complications (pharmacist printout):

***Note: If you are bringing required medications to the retreat, please ensure that you bring twice as much as you need for the time.***

Are you currently receiving treatment from a doctor or other health care professional? **YES [ ]  NO** [ ]

If yes, please explain.

**Doctor’s Name:**                     **Phone:** (     )

Do you have any allergies? **YES [ ]  NO** [ ]

If yes, please indicate known triggers, type and severity of reaction, and medications used:

Do you have any injuries or disabilities? **YES [ ]  NO** [ ]

If yes, please explain

Do you have any chronic (ongoing) medical conditions (e.g. asthma, diabetes, epilepsy) **YES [ ]  NO** [ ]

If yes, please explain

**Section IV – Medical Disclosure Continued.**

Have you been hospitalized in the past three years? **YES** **[ ]  NO** [ ]

If yes, please explain

Have you ever undergone surgery? **YES** **[ ]  NO** [ ]

If yes, please explain

Please describe in detail any known behavioral challenges including their nature, onset and how to address them.

Do you have any dietary restrictions? **YES** **[ ]  NO** [ ]

If yes, please explain

Have you received a COVID-19 vaccination? **YES [ ]  NO** [ ]

Is there any other information that will help us to ensure that your retreat experience is safe and comfortable?

I,                     (print name), declare that the information in this Registration / Medical form is accurate to the best of my knowledge. I acknowledge that providing inaccurate information may endanger me and others.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_Click here to enter a date.

**Phone Number:**

If you have any questions on completing the application form please contact Errol Wilson at (780) 470-3600.

Once registration form is completed please scan and e-mail to info@aiicbusiness.org

 Or fax to (780) 470-3605 by June 6th, 2022 or by mail

 AAYEC c/o Alberta Indian Investment Corporation

P.O. Box 790

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