



Prevention Services
Life Skills Program
5 week program
Registration & Waiver Form
November 21-December 19, 2017
5:00pm-7:00pm

Participant Information;

Name:

Address:

Telephone number:

Referring worker:

Additional information:

Waiver and consent form

Photography, Media Release & Waivers:

I hereby give **Sagkeeng Child and Family Services Prevention Service** consent to use and reproduce my images for program brochures, posters, or used for other educational/fundraising purposes.

I have read and understand the registration and waiver form.

Participant
Signature _____

Date _____