



**Kanawemahwasowin Kamik Inc.
Registration Form
Youth Leadership Conference
Fantasyland Hotel
February 26-27, 2026**

Please fill out the information below. Mandatory.

Youth Participant Information		
First Name:	Last Name:	
ECN status number:	Age:	DOB:
Email:	Phone Number:	
Mailing Address:		

Each youth must submit their registration form with a reference letter from a parent, caregiver, teacher, mentor, Elder, or leader explaining why they should be chosen to attend the conference. Please attach the signed letter to your submitted registration form. Assistance with reference letter: please email info@kkamik.com or call 780-585-3721.

Do you have any special food allergies or accommodation needs? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Please list allergies here:		Please list accommodation needs here:
Please indicate your Hoodie Size below		
Mens <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	Ladies <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	
Parent/Guardian/Caregiver must accompany the youth to the Conference. Please confirm registration details.		
First Name:	Last Name:	
Phone Number:	Email:	
Do you require accommodation? Accommodation is provided at the Fantasyland Hotel. Event starts Feb 26 at 8:30am and ends at Feb 27 at 3:30pm. Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Check in Date: _____	Check out Date: _____	
Note: Parent/guardian must be available at check-in.		
If you are interested in participating as a dancer in Regalia, please indicate. Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Category: _____		

Consent to Use Personal Information for KKI Purposes

I hereby consent to the collection, use, and disclosure of my personal information by KKI for the purposes of program administration, research, service delivery, or evaluation. I understand that:

- The information collected may include name, contact information, demographic details, survey responses, pictures, videos, etc.
- This information will be used solely for the purposes outlined above and will not be shared with third parties without my explicit consent, unless required by law.
- My data will be stored securely and retained only as long as necessary to fulfill the stated purposes.
- I may withdraw my consent at any time by contacting KKI at 780-585-3721, and doing so will not affect my access to services unless the information is essential for participation.

By signing below, I acknowledge that I have read and understood this consent statement and agree to the use of my personal information as described.

Youth Participant Signature:	Date:
Parent/Guardian Signature:	Date:

Please submit completed form and a reference letter by January 30th.

Options to Submit Registration:

1. Send email to: events9@mahikan.ca
2. Send mail to: Mahikan Management, 1466 Enderby Avenue, Delta, BC V4L 1S6

Note: this event will be opened with Pipe Ceremony, we appreciate your full cooperation and participation.

Hai Hai

This is a drug- and alcohol-free space to support everyone's safety and wellbeing.