



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](mailto: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: _____  Note: Parent/guardian must be available at check-in.	Check out Date: _____
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@mahihkan.ca](mailto:events9@mahihkan.ca)
- 2. Send mail to: Mahihkan 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.***