

PIWAPAN WELLNESS CENTRE
PO BOX 888
LA RONGE, SK, S0J 1L0
PH: 306-425-3909
FAX: 306-425-3911
EMAIL: hr@piwapan.com
WEBSITE: pwcprograms.com



Piwapan Wellness Centre

Date: _____

CLUB REGISTRATION FORM

REGISTERING FOR: (Please Check all that apply)

Napisis Club: _____

Kokum's Club: _____

Iskwesis Club: _____

2SLGBTQQA Club: _____

Moshom's Club: _____

Other (Please specify): _____

Participant's Name: _____

Age: _____ D.O.B: _____ Health Card #: _____

Status #: _____ Band: _____

Parent/Guardian 1 Name (if applicable): _____

Phone: _____ Email: _____

Street Address: _____ Town: _____

Mailing Address: _____ Town: _____ Postal Code: _____

Parent/Guardian 2 Name (if applicable): _____

Phone: _____ Email: _____

Street Address: _____ Town: _____

Mailing Address: _____ Town: _____ Postal Code: _____

Emergency Contact Name: _____ Phone: _____

Relationship to Youth: _____

Allergies: _____

