



August 25-September 5, 2025

Personal Information

Full name	
PO Box, Community, Postal Code	
Home phone/Work/Cellphone	
e-mail address	
Birthday (MM/DD/YYYY)	

Emergency and Medical Information

In case of emergency, contact person	
Emergency contact's phone	
Known allergies	
Applicant's Health Care Card	
Applicant's Medications	

Please fill in the following





Δ^b-ᑕᓪᓴᐅ- CHESTERFIELD INLET/ᑭᓄᓂᐅᐱᑦ-BAKER LAKE/ᑲᐳᑭᓂᐅᑭᓂ-RANKIN INLET/
ᑎᑭᑭᐅᐱᑦ-WHALE COVE/ᑭᓂᑭᓂ-CORAL HARBOUR/ᐃᐅᑭᐅᑭᐅ-NAUJAAT/ᐱᑭᐱᑭᐅ-ARVIAT