

\* Fields Marked with an asterisk must be filled out by all participants

Personal Information			
*Last Name	*First Name	Middle Initial	
*Mailing Address	*Community/City	*Territory <b>NT</b>	*Postal Code
Work Phone Number ( )	*Home Phone Number ( )	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth / / mm dd yyyy
Email Address			
Territorial Electoral District (Riding/MLA)			

*Participation Category			
<input type="checkbox"/> Dene Games Male Coach	<input type="checkbox"/> Inuit Games Female Coach		
<input type="checkbox"/> <b>Dene Games Athlete</b>	<input type="checkbox"/> <b>Inuit Games Athlete</b>		
<input type="checkbox"/> All Around (All Events)	<input type="checkbox"/> All Around (All Events)		
<input type="checkbox"/> Finger Pull	<input type="checkbox"/> One-Foot High Kick	<input type="checkbox"/>	<input type="checkbox"/> Twp Foot High Kick
<input type="checkbox"/> Hand Games	<input type="checkbox"/> Alaskan High Kick	<input type="checkbox"/>	<input type="checkbox"/> Kneel Jump
<input type="checkbox"/> Snow Snake	<input type="checkbox"/> Swing Kick	<input type="checkbox"/>	<input type="checkbox"/> Arm Pull (Female)
<input type="checkbox"/> Stick Pull	<input type="checkbox"/> Knuckle Hop (Male)	<input type="checkbox"/>	<input type="checkbox"/> One Hand Reach (Male)
<input type="checkbox"/> Pole Push	<b>Demonstration Events:</b>		
<input type="checkbox"/> Demonstration events (TBD)	<input type="checkbox"/> Head Pull	<input type="checkbox"/> Airplane	<input type="checkbox"/> Triple Jump
	<input type="checkbox"/> Toe Hang	<input type="checkbox"/> Bench Reach	<input type="checkbox"/> Blanket Toss

Emergency Contact Information		
*Last Name	*First Name	*Relationship
Work Phone Number ( )	*Home Phone Number ( )	Cell Phone Number ( )

Personal Medical Information		
*Health Care Number	*Name of Medical Plan <b>Northwest Territories Medical Plan</b>	List other Health Care if you have it
Please give details of any current medical problems or concerns including any allergies:		
If you are currently taking any medication, please note below (including prescription, non-prescription and birth control):		
Have you ever had any of the following injuries or conditions?		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Neck or Back Injuries
<input type="checkbox"/> Diabetes	<input type="checkbox"/> History of Seizures	<input type="checkbox"/> Weather Related Injuries
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Infectious Diseases	

**General Information About Athlete**

Please tell us if you are attending high school, college, university or working:

**Healthy Lifestyle:** Please tell us what you think a healthy lifestyle is and if you live a healthy lifestyle

**Skill Level, Past Experience and Willingness to participate in events:** Please tell us a bit about your experience as a traditional games athlete (Inuit and/ or Dene). Highlight these areas: **Skill and Experience**

**EACH PARTICIPANT MUST ATTACH AN ONE PAGE BIOGRAPHY OUTLINING WHY THEY WOULD LIKE TO PARTICIPATE AND WHAT THEY WOULD DO TO PREPARE FOR THE CANADA WINTER GAMES IF SELECTED**

**Checklist:** Make sure you have attached the following to this application:

- Coach Support Letter       Letter of Reference (not a relative)       Biography

**Fax to: 867 777 7352 Attention: Donald and Yvonne, MACA Inuvik**



Witness

Signature of Participant



Print Name of Witness

Print Name of Participant

For each participant Under the age of 18 the following must be completed by his/her parent or guardian:

I, as the parent/guardian of the participant named herein hereby declared that I support my child being involved with the 2007 Canada Winter Games Traditional Games Program.

Signed This \_\_\_\_\_ Day of \_\_\_\_\_, 200\_\_

Signature of Parent/Guardian



\_\_\_\_\_  
Please print name of Parent/Guardian