



North American Indigenous Games
Team Saskatchewan
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North American Indigenous Games Team Saskatchewan Athlete Registration Form

The North American Indigenous Games (NAIG) will be held July 1-9, 2006 in Denver, Colorado. Tryouts for the various sports will be held throughout the year in preparation for the 2006 North American Indigenous Games. Please complete the following registration form and mail or fax it to the Team Saskatchewan Office, or bring it to your sport tryout.

Age Groups:

The ages for NAIG 2006 are established by the NAIG Council and will be used as a guide for all tryouts. Because of the 500 Cap we have to limit the number of athletes, coaches, managers for team sports.

Fees:

Each athlete will be assessed a \$50 participation fee for each sport. This fee is assessed to all participants of all sports and must be submitted prior to participation in the tryouts. Please make cheque or money order payable to FSIN and submit with registration form. All registration fees must be paid in order to be a part of NAIG Team Sask.

Eligibility

All athletes competing in the NAIG must be born of North American Indigenous ancestry.

All participants must make proof of ancestry available. The following will be accepted as proof of ancestry.

Canada:

Treaty/Status Card, First Nations Card, Inuit and Inuvait identification or Provincial Metis Card.

If none of the above applied (ie, no status Indians) a Declaration of Indigenous Ancestry must be completed by the athlete, submitted to the team and endorsed by the team Chef de Mission. If a protest is lodged against such a participant, the Declaration accompanied with all relevant proof of ancestry (ie, birth certificate, Tribal/Band letters, and all other pertinent documents) must be presented by the team on behalf of the athlete, as proof of their ancestry.

NORTH AMERICAN INDIGENOUS GAMES – TEAM SASKATCHEWAN ATHLETE REGISTRATION FORM

NAME:	
ADDRESS:	
CITY OR TOWN:	POSTAL CODE:
TELEPHONE:	GRADE:
BIRTHDATE (D/M/Y):	SCHOOL:
SPORT:	
PARENT/GUARDIAN NAME (Please Print):	PARENT/ GUARDIAN PHONE NUMBER:
ATHLETES EMAIL ADDRESS:	
PROOF OF ELIGIBILITY (Please check the correct box) <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Indigenous Ancestry	
PLEASE LIST ANY CONDITIONS OR ALLERGIES THAT YOU HAVE THAT WE SHOULD BE AWARE OF IE. ASTHMA, DIABETES OR ETC.	

HEALTH CERTIFICATE AND PARENT'S WAIVER

I am satisfied that my son/daughter, _____ is in good health to take part in the strenuous activities that are part of the NAIG Team Sask Tryouts. He/She has my permission to participate in those approved physical activities that make up the **NAIG Team Sask Tryouts** and I absolve **Federation of Saskatchewan Indian Nations, Metis Nation, and partners** and/or any of its staff, directors, executive, associations, members, sponsors and any coaches participating on NAIG Team Sask's behalf, from any and all liability. I further agree with the need to have my son/daughter examined by a physician following any illness or injury as a direct result of this camp, in order to re-establish a bill of good health and that this medical examination is my sole responsibility.

HOSPITALIZATION NUMBER:	PARENT'S SIGNATURE
FAMILY PHYSICIAN:	NAME:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:

**** REGISTRATION INFO & PAYMENT FOR NAIG TEAM SASKATCHEWAN MUST BE RECEIVED BEFORE ATHLETE CAN PARTICIPATE IN TRYOUTS ****

FOR OFFICE USE ONLY, REGISTRATION FEE RECEIVED CASH CHEQUE