



Skeena Watershed Conservation Coalition

*Cultivating a sustainable future from a sustainable environment
rooted in our culture and thriving wild salmon ecosystem.*

2017 YOW and WOW application form

Participant Name: _____

Phone Number: _____ Email: _____

Mailing address: _____

Program Preference: (please circle one)

Terrace Gitsegukla Smithers
Hazelton Moricetown Other _____

YOW or WOW (please circle one)

Age: _____ (suggested age for YOW: 15-19)

Wetsuit Size (please circle): XS S M L XL

Shoe size: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Health issues that we should know about (allergies, pregnant, physical conditions, current medications, past medical history): _____

Previous YOW/WOW, river or outdoors experience: _____

Questions or concerns: _____

- Yes - you can use photo and/or video of the above participant to promote the program
- No - you cannot use photo and/or video of the above participant to promote the program

PARENTS NEED TO BE THERE THE FIRST MORNING TO SIGN WAIVERS!

Signature of Participant

Date

Signature of Parent or Legal Guardian (if under 19)

Date