ÉQUIPE YUKON

LES jeux DE LA francophonie CANADIENNE

INTEREST SURVEY – YUKON PARTICIPANTS

Canadian Francophone Games (CFG) – 14th to July 18th

Ensure that you fill this form with print characters and that your name and personal information are legible!

IT IS IMPORTANT TO KNOW THAT:

- Your date of birth must be between January 1st 2002 and December 31st 2006 and you must speak/understand French to participate in the CFG.
- You must return this interest survey to Centre de la Francophonie (302 Strickland St., Whitehorse, YT Y1A 2K1) by January 31st 2020.
- You will be contacted in February 2020. We will let you know for which discipline you have been recruited.
- There will be practice, rehearsal and training activities which you will be required to attend, starting in February and until the Games.
- If selected, to confirm your participation, you will have to pay a 350$ registration fee and fill out an official registration form. Deadline to register : May 1st 2020.
- You will be allowed to register in only ONE discipline.

CHOICE OF DISCIPLINE *(IN ORDER OF PREFERENCE)*

1. ______________________
2. ______________________
3. ______________________

ARTISTIC DISCIPLINES: VISUAL ARTS / IMPROVISATION / MUSIC / CULINARY ART
LEADERSHIP DISCIPLINES: PUBLIC SPEAKING / MEDIA / EVENT MANAGEMENT
SPORTS DISCIPLINES: TRACK AND FIELD / BADMINTON / BASKETBALL 3X3 / VOLLEYBALL / ULTIMATE FRISBEE / SAILING

PERSONAL INFORMATION			
Last Name:		**First Name:**	
School:		**Grade:**	
Sex: ☐ F ☐ M		**Date of birth:** ___/___/_____ **(dd / mm / yyyy)**	
Address:	**N°:**	**Street:**	**App:**
City/Town:			
Province/Territory:		**Postal Code:**	
Home Telephone: ( ) -		**Mobile:** ( ) -	
Email:			
Clothing size (in general): ☐XS ☐S ☐M ☐L ☐XL ☐XXL ☐XXXL			
DEMOGRAPHIC QUESTIONS* (CHOOSE ALL THAT APPLIES) *Answers to these questions will assist us in providing statistics to our stakeholders; they are not associated with your name or personal information.			
Spoken Languages (choose all that applies): ☐ French ☐ English ☐ Both ☐ Others			
I belong to the following group(s): ☐ Aboriginal ☐ Visible Minority ☐ Living with a disability ☐ Living in rural settings			
MEDICAL FORM			
Name of parent or legal guardian to reach in case of emergency:		**Day Telephone:** ( ) -	
		Evening Telephone: ( ) -	
How is this person related to you:		**Mobile:** ( ) -	
		Email:	
This person will be present at the Canadian Francophone Games? ☐ Yes ☐ No			
Name of your family doctor:		**Doctor's telephone number:** ( ) -	

AFY Jeunesse Franco-Yukon · AFY · FJCF · Canada

henri.afy.yk.ca

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MEDICAL PRIMARY INSURANCE COVERAGE FOR THE GAMES, PLEASE CHOOSE ONLY ONE	
☐ Provincial coverage	Insurance N°:
☐ Blue Cross	Insurance N°:
☐ Other (Please specify):	Insurance N°:

FOOD NEEDS

Please be as specific as possible regarding your allergies, this will help us respond adequately if need be.

☐ Food allergies

I am allergic to: ____

____

I can have an allergic reaction if I am in contact with the food in question (smell, touch)? ☐ Yes ☐ No

I can potentially die from my allergic reaction (anaphylactic choc)? ☐ Yes ☐ No

I have an EpiPen in case of emergency? ☐ Yes ☐ No

Other specific food request (not related to allergies): ☐ Vegetarian ☐ Vegan

☐ Others (Please specify): ____

MEDICAL SPECIFICS

I use a wheelchair (☐ manual ☐ electric) or crutches to walk? ☐ Yes ☐ No

Please specify your accessibility needs: ____

I have: ☐ Asthma ☐ Diabetes ☐ Migraines

☐ Heart condition (Please specify): ____

☐ Other medical conditions (Please specify): ____

☐ Allergies, other that food related (medication, other) (Please specify): ______________________________

Most recent immunization for:

☐ Tetanus – date (mm/yyyy): ______________________ ☐ Hepatitis B – date (mm/yyyy): ______________________

I must take the following medication(s) and/or follow certain recommendations (specify special instructions, frequency and any other relevant or important information pertaining to your health):

Please indicate if you have had previous injuries (example: 2nd degree sprain left ankle in 2017):

In the case the person in charge of my child judges necessary, I authorize that my child be transported by ambulance to a medical facility, at my own cost. In emergency where the situation could be life threatening, and in the case I cannot be reached at that moment, I consent that my child receives any medical treatment necessary according to her or his health evaluation.

I declare that the information provided is correct and complete. Furthermore, from the moment this form is sent to my participation, I agree to notify the Chef de mission of any changes to the information I have submitted.

Date : ____________________ Signature of Participant: ____

Date : ____________________ Signature of Parent or Legal Guardian: ____

(The signature of a parent or guardian is required for individuals under 19 years of age)