

# YOUTH WATER COUNCIL

Application: 2024 Council

**Applicants Name:**

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**Parent/Guardian Name:**

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**Parent/Guardian Phone:**

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**Parent/Guardian E-mail:**

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**Emergency Contact Name:**

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**Emergency Contact Phone:**

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**Emergency Contact Relationship:**

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**Does your child have any allergies or dietary restrictions?**

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**Does your child have a past medical history, or do they take any medication we should know about?**

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I \_\_\_\_\_ grant consent to the North Saskatchewan Watershed Alliance to use photos or videos of myself or my child in future publications, presentations, social media, or on their website.

Signature: (If under 18, form must be signed by a parent or legal guardian)

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