



YOUTH WATER COUNCIL

2024-2025 Application

Applicant's Name:

Parent/Guardian Name:

Parent/Guardian Phone:

Parent/Guardian E-mail:

Emergency Contact Name:

Emergency Contact Phone:

Emergency Contact Relationship:

Does your child have any allergies or dietary restrictions?

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

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)

.....
Applicant Signature

.....
Parent/Guardian Signature



@North_Sask_River



@NorthSaskRiver



[nswa.ab.ca/initiatives/
youth-water-council](https://nswa.ab.ca/initiatives/youth-water-council)

