



**The United  
Church of Canada  
L'Église Unie  
du Canada**

416-231-5931 | 1-800-268-3781  
united-church.ca | egliseunie.ca

## **2026 National Indigenous Spiritual Gathering** *July 15-19, 2026 at Carleton University, Ottawa, Ontario*

### **Youth and Young Adult Registration Form**

Deadline for Registration: **May 8, 2026**

### **Indigenous Ministries and Justice**

The United Church of Canada / L'Église Unie du Canada  
3250 Bloor Street West, Suite 200  
Toronto, ON M8X 2Y4  
Phone: **416-231-5931 Ext. 2044 / 2056**  
Fax: (416) 231-3103 (attn: IMJ Admin Assistant)  
Email: [General-IMJ@united-church.ca](mailto:General-IMJ@united-church.ca)

### **Personal Information** *(as it appears on your ID)*

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First Name

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Surname

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Preferred Name

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Date of Birth

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Age (at the time of NISG)

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Gender

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Pronouns

Please indicate which Community of Faith you are representing:

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Home Phone

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Mobile Phone

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Personal Email

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Fax

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Mailing Address

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City

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Province

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Postal Code

## Travel Information

How will you be travelling?  Accompanied  Unaccompanied

If you are travelling accompanied, please provide the name of the person and their relationship to you: \_\_\_\_\_

Will you require travel to be arranged on your behalf?  Yes  No

If yes, how will you be travelling?  Airplane  Train

Preferred departure airport or train station for travel to Ottawa (if applicable): \_\_\_\_\_

## Overnight Accommodations at Carleton University

All accommodations consist of two private bedrooms with double beds within a shared suite. If you are travelling with a parent/guardian or accompanying adult, you will be required to share a suite with them.

Is there someone you would like to share a suite with and/or be located nearby?

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*We will our best to accommodate this request.*



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## Health Needs

Indicate any **dietary restrictions** (e.g., diabetic, vegetarian, lactose intolerant, food allergies, etc.):

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Indicate any **accessibility needs** (e.g., barrier-free access, stairs, mobility, etc.):

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Indicate **medical needs** or **medication** we should be aware of (e.g., power access for devices, etc.):

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Health Card Number: \_\_\_\_\_

Doctor's Name and Phone: \_\_\_\_\_

## Tell Us More About You

Are there any **gifts** or **talents** you are willing to offer?

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## Emergency Contacts

*This will be kept confidential and only used for emergencies.*

### Emergency Contact 1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Emergency Contact 2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Getting to Know Your Youth (Optional)

*To be filled by parent/guardian.*

Is there anything you would like staff to be aware of about your youth so that we can best serve their needs at the during the National Indigenous Spiritual Gathering?

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## Photo Release



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**NOTE:** Photos and/or videos taken at United Church events are often published in print and/or posted online for download; in online photo albums; on photo/video sharing sites such as Flickr, YouTube, and Vimeo; and/or on social media sites such as Facebook and Instagram. Photos and videos may also be made available on CD, DVD, or flash memory devices.

**By registering for and/or attending this event, photos and videos of you at the event may be published in any or all of the above-mentioned media and devices at the sole discretion of The United Church of Canada.**

## **Agreement to Participate and Personal Release**

*(To be signed by a parent or legal guardian for participants under 18 years of age.)*

**Name of Participant:** \_\_\_\_\_

I hereby grant permission for the above-named participant to be a subject in the above noted Multimedia /Video production and agree that The United Church of Canada may use such pictures and/or sound so obtained for the purpose of its educational, broadcast and/or Audio-Visual resource production enterprises, in whatever print, film and/or electronic formats the United Church should deem appropriate.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relation to Participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

## **Parental / Guardian Consent**

I understand that my child/ward will be travelling/participating in the 2026 National Indigenous Spiritual Gathering and all the information provided on this form is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## **Travel Policy**

*(To be signed by a parent or legal guardian for participants under 18 years of age.)*

**Please take time to read the following carefully:**

If you require travel arrangements by air, train or bus your registration and travel information must be received no later than **May 8, 2026**.

Should you need to cancel, please let us know by **June 26, 2026**.

**By signing below, I acknowledge my commitment and responsibility to attend and participate in 2026 NISG to the best of my abilities. I understand that if I have to change or cancel travel for non-emergency reasons, I will be held responsible for the costs associated with doing so.**

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Name

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Signature

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Date