



# Client Registration Form

To be used for UPIP Projects & Individual Sponsorship

First Name & Middle Initial _____		Family Name _____		Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Married or Equivalent	Number of Dependents _____ Age of Dependents _____	Date of Birth Day ____ Month ____ Year ____ Age _____	Employment Status: Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>	
Language preference: English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify): _____				
Indigenous Group: Metis <input type="checkbox"/> Other <input type="checkbox"/>				
Membership Number _____ MMF Local _____ MMF Region _____				
Address _____		City/Town _____		Postal Code _____
Email Address _____		Home/Cell Number _____		
Have you previously participated in MMF Youth activities?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which activities: _____	
Do you have any health problems we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____				
Do you consider yourself to be a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____				
Do you need any special equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____				
Highest Level of Education Attained: Primary / Secondary (Grade): _____ Year Attained: _____ Diploma or GED Received? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have attended Post-Secondary studies did you obtain a: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Name of Course attended: _____ Program Length: _____ If you are currently attending Post-Secondary studies please provide: Name of institution: _____ Expected completions date: _____				
Permission to use Photograph/Video <b>Subject: UPIP Funded Activities</b> I grant to Manitoba Metis Federation, its representatives and employees the right to take photographs/videos of me and my property in connection with the above-identified subject. I authorize Manitoba Metis Federation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Manitoba Metis Federation may use such photographs/videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above: Signature: _____ Date: _____ Printed Name: _____ Signature, parent or guardian (if under age 18): _____ Date: _____				
<b>FOR STAFF USE ONLY: What services are being provided or what project is UPIP client participating in.</b> _____				