



**Gathering of Alaska Natives (GOAN) 2021  
Registration Form**

**Aang Aang!**

**The virtual GOAN for Unalaska, St. George, Atka, King Cove &  
Nikolski will be held  
May 12th-14th, 2021 from  
6pm – 9pm Anchorage time.**

**This is a free event. However, we require that you attend all (3)  
days to receive a GOAN certification. Event includes training  
sessions, wellness activities, and training materials.**

**Registered participants will receive, via email, the GOAN agenda  
(1) week prior to the event.**

**If you have any questions, please contact Jenna Larson at  
[jennal@apiai.org](mailto:jennal@apiai.org).**

**Please email or fax registrations to:**

**APIA Health Department  
1131 E. International Airport Rd.  
Anchorage, AK 99518 – 1408**

**[jennal@apiai.org](mailto:jennal@apiai.org)**

**(907) 276 – 2700 phone / (800) 478 – 2742 toll free / (907) 222 – 4279 fax**

Participant Information		
Participant name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> Non-binary	Date of Birth: / /
If you have one, what is your Alaska Native / American Indian name and its translation?		
Special needs (if required):		
Your community: <input type="checkbox"/> Unalaska <input type="checkbox"/> St. George <input type="checkbox"/> Nikolski <input type="checkbox"/> Atka <input type="checkbox"/> King Cove <input type="checkbox"/> Other: _____		
Mailing address:		
Phone number:	Email:	
Tribal Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe:	

Emergency Contact	
Name:	Relation:
Phone number:	Cell phone:

Parent / Guardian Information (*For participants under 18 years of age)		
Parent/ Guardian name:		
Phone number:	Cell phone:	
Email:		
Address:	City:	State:
Tribal Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which tribe:	



**Aleutian Pribilof Islands Association (APIA) Health Department  
Community Health Services Division**

**General Waiver of Liability**

We will do our best to keep participants free of risk during the event. However, participants are ultimately responsible for any injury or damage that occurs. By signing below, I fully release and discharge **APIA** its officers, contractors, agents, directors, volunteers, and employees from any and all claims for injuries, damages, or losses that my child/ward and/or I may have or which may accrue to me and/or my child/ward and arising out of, connected with, or in any way associated with this activity.

**Media Release**

APIA staff may film and/or take photos of participants in this event. By signing below, you give permission and give your consent to the Aleutian Pribilof Islands Association, Inc. (APIA) to use photographs, audio, and/or videos of myself and/or my youth participant taking part in the activity/activities for promotional purposes and to post and share on APIA's social media accounts and share at state and national gatherings.

**Evaluation and Survey Agreement**

By signing below, you agree to assist APIA in continuing to provide feedback that may be gathered from evaluations or survey instruments. Data gathered will assist us in understanding knowledge gained as well as assist in knowing the needs of youth and young adults in our communities. This will aid us in creating more opportunities for Alaska youth in the future.

Participant names will be kept anonymous and confidential. Participant names will not be released without their written permission. Legal exceptions include: court order, clear danger to the participant or someone else, and suspicion of child, elder and/or dependent adult abuse.

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Participant's Name (please print)

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Participant's Signature

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Date

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Parent/Guardian Name  
(if participant is under 18 years of age)

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Parent/Guardian Signature  
(if participant is under 18 years of age)

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Date