

PERSONAL INFORMATION (CHILD):

FIRST NAME(S)		LAST NAME(S)	
DATE OF BIRTH	AGE	GRADE (next year)	GENDER MALE: <input type="checkbox"/> OTHER: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
ADDRESS		CALGARY, AB	POSTAL CODE
ALTERNATE ADDRESS (If Applicable)		CITY	POSTAL CODE
SCHOOL ATTENDED MOST RECENTLY		SCHOOL ATTENDING NEXT YEAR	

PARENT/GUARDIAN INFORMATION:

NAME (Parent/Guardian #1)	CELL PHONE NUMBER	RELATIONSHIP TO YOUTH
ADDRESS (If different from above)	EMAIL	
NAME (Parent/Guardian #2)	CELL PHONE NUMBER	RELATIONSHIP TO YOUTH
ADDRESS (if different from above)	EMAIL	

Will someone other than the above parent or guardian(s) be responsible for pick-up/drop-off?

If yes: Name: _____ Cell phone: _____

Will someone not be permitted to pick up from YCC?

If yes, Name(s): _____ Relationship: _____

EMERGENCY CONTACT:

NAME (Emergency Contact)	CELL PHONE NUMBER	RELATIONSHIP TO YOU/YOUR CHILD
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MEDICAL INFORMATION:

ALBERTA HEALTH CARD NUMBER (Optional):

DOES YOUR CHILD HAVE ANY ALLERGIES (IF YES, PLEASE LIST THEM/ THE EXPECTED SEVERITY OF THE REACTION)?

MEDICAL CONDITIONS: IS YOUR CHILD UNDER TREATMENT OR TAKING MEDICATION FOR AN ILLNESS, CONDITION, OR INJURY?

Yes ___ No ___ If yes, please elaborate and include activities to be restricted or modified:

MEDICATION CURRENTLY BEING ADMINISTERED TO YOUR CHILD:

Name(s) of Medication(s)

Purpose for the medication:

Please note: YCC is not responsible for administering medication

DOES YOUR CHILD HAVE DIAGNOSED PSYCHOLOGICAL, SOCIAL OR EMOTIONAL CHALLENGES?

ARE THERE ANY DIETARY RESTRICTIONS?

ANYTHING ADDITIONAL THAT YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD?

YOUTH CENTRE OF CALGARY: CONSENT & RELEASE OF LIABILITY:

(PARTICIPANT'S NAME) is registering for YCC – Youth Centres of Calgary (Ogden) programming effective 2021

PHOTO CONSENT

I am aware that photographs, videotape, and digital recordings may be taken at the Centre and outside of the Centre, during program or activity hours, and used for promotion of the YCC in various media forms, including the YCC Website, Facebook, and Instagram. I consent to the use of my/my youth's likeness and understand that I can revoke my consent at any time.

Please initial: YES ___ No ___

SURVEY CONSENT

I am are aware that surveys and questionnaires may be conducted throughout the year. The results of the

surveys are kept strictly confidential. The purpose of such surveys is to collect data that will be used to measure the success of our program, the results of which are used in **YCC** funding applications. I allow/agree to participation in these surveys as part of the registration and understand that consent can be revoked at any time.

Please initial: No _____ Yes _____

COVID-19 RESTRICTIONS

1. Covid-related protocol and instruction will be provided at the start of the program and will be adjusted in accordance with AHS guidelines at the time. Youth will be expected to arrive with masks. Hand sanitizer will be provided.
2. The use of the house will at all times be restricted to Staff/Volunteers. Youth will be allowed entry only for the purpose of using the washroom facilities until further notice.

CONSENT & RELEASE OF LIABILITY

As a youth participant of YCC programming, I hereby release YCC, its directors, officers, agents, members, employees, participants, volunteers, sponsors, owners/operators of the facility, and representatives, from any and all actions, causes of action, claims or demands whatsoever from any, but not limited to, personal injury, including death, loss or damage to property arising in any way whatsoever from my participation. I am releasing regardless where the activity takes place. I have carefully read and understand that by signing this CONSENT and RELEASE OF LIABILITY that I am giving up certain legal rights which I may have, including the right to sue the above-mentioned organizations, their employees and volunteers. I have carefully read this Consent and Release and understand it and I am signing it voluntarily and with full knowledge of its significance. This CONSENT and RELEASE of LIABILITY shall be binding upon me and my heirs, executors, administrators, and personal representatives.

Print Name

Signature Date

I am the parent or legal guardian of _____ (participant's name) and hereby release YCC, its directors, officers, agents, members, employees, participants, volunteers, sponsors, owners/operators of the facility, and representatives, from any and all actions, causes of action, claims or demands whatsoever from any, but not limited to, personal injury, including death, loss or damage to property arising in any way whatsoever from my child's participation. I have read and understand that by signing this CONSENT and RELEASE OF LIABILITY that I am giving up certain legal rights which I may have, including the right to sue the above-mentioned organizations, their employees and volunteers for any act or omission of any kind. I have carefully read this Consent and Release and understand it and am signing it voluntarily and with full knowledge of its significance. This CONSENT and RELEASE of LIABILITY shall be binding upon me and my heirs, executors, administrators, and personal representatives.

Print Name

Signature Date