



ZAO INNOVATION HUB
TRANSFORMING TODAY, INSPIRING TOMORROW

This registration form has also been adapted into an online form platform for easy digital access and submission.

Visit <https://zaoinnovationhub.com/forms> to get an online format.

Send completed form via our website or email to ZaoInnovationHub@gmail.com

Registration Form

Welcome to Zao Innovation Hub!

Please complete the form below to register for our programs and activities. We are excited to have you join us on this journey of growth and empowerment.

Personal Information

- **Full Name:**

- **Date of Birth:**

- **Age:**

- **Gender:**

☐ Male

☐ Female

☐ Non-Binary

☐ Prefer not to say

☐ Other: _____

- **Phone Number:**

- **Email Address:**

- **Address:**



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Program Enrollment

Please select the programs you are interested in (you can choose all/more than one):

- ☐ **One-on-One Youth Counseling (Mondays)** - No age limit
 - ☐ **Creative Arts & Music Sessions (Tuesdays)** - No age limit
 - ☐ **Leadership Workshop (Wednesdays)** - 13+
 - ☐ **Life Skills & Career Readiness Training (Thursdays)** 13+
 - ☐ **Community/Connection Nights (Fridays)** 13+
 - ☐ **Youth-Led Day Camps (Saturdays)** No age limit
 - ☐ **Sex and Relationship Seminars (Sundays)** - 13+
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Emergency Contact Information

- **Full Name:**

- **Relationship to Participant:**

- **Phone Number:**



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Medical Information

(Please list any medical conditions or allergies that Zao staff should be aware of.)

- _____
- _____
- _____



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Consent and Agreement

By submitting this form, you agree to the following:

- **Privacy and Confidentiality:** I consent to Zao Innovation Hub collecting and using my personal information solely for the purpose of program registration and communication.
- **Participation Consent:** I understand that participation in any Zao Innovation Hub programs is voluntary, and I am responsible for my own actions during activities.
- **Photo/Video Release:** I consent to photographs and videos being taken during activities and understand they may be used for promotional purposes.
- **Emergency Medical Treatment:** In the event of an emergency, I consent to medical treatment being provided to me as deemed necessary by the attending medical personnel.
- **Program Commitment:** I commit to attending the selected program(s) to the best of my ability and will notify Zao in advance if I am unable to attend.

Signature

- **Participant's Signature:**

- **Date:**

- **Guardian's Signature (if under 18):**

- **Date:**



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How to Submit Your Registration

Please submit this form:

- **In-person (by appointment only):** Visit us at 1862 Angus Street, Regina SK, S4T1Z4
 - **Online:** Submit this form via email at ZaoInnovationHub@gmail.com or through our website www.ZaoInnovationHub.com
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