



YOUTH PROGRAM REGISTRATION AND CONSENT FORM

Information received is confidential and is being gathered for the purposes of serving your teen while in the care of Youth Unlimited Edmonton. Any medical information collected here serves to authorize Youth Unlimited Edmonton, and its Staff and Volunteers, to obtain medical assistance in emergencies.

Student's Name _____ Date of Birth _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Home Phone Number _____

Guardians' Work Number/Cell _____ Student's Cell Number: _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

If yes, please explain:

Is your Child bringing any medication with him/her? Yes No

If yes, please list.

May Youth Unlimited personnel administer your child's prescription medications to him/her?

Yes No

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the Parents or guardians named below, authorize Youth Unlimited Edmonton Youth Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Youth Unlimited Edmonton, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Youth Unlimited Edmonton, as well as of any medical treatment authorized by the supervising individuals representing Youth Unlimited Edmonton. This consent and authorization is effective only when participating in or traveling to events sponsored by Youth Unlimited Edmonton.

The Participant agrees that he/she will respect the leadership of and obey the rules, guidelines, orders and instructions given to him/her by YUE leaders, staff members, volunteers and all other persons placed in authority or responsibility over him/her by YUE. The Participant agrees that failure to do this may result in being sent home at his/her own expense.

Communication:

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Program Personnel (staff and volunteers) to communicate with your teen via telephone, email, social media and text:

- Telephone (home / work / cell)
- Email

- Social Media Networks
- Text messages

Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- Brochures/Promotional material
- Newsletters
- "Kids Up Front" Media
- Videotaping
- Website

Purposes and Extent

Youth Unlimited Edmonton is collecting and retaining this personal information for the purpose of enrolling your teen in our programs, to assign the student to the appropriate programs, to develop and nurture ongoing relationships with you and your teen, and to inform you of program updates and upcoming opportunities at Youth Unlimited Edmonton. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Youth Unlimited Edmonton to limit the information collected, or to view your teen's information, please contact us. Youth Unlimited Edmonton reserves the right to perform a police check on youth applying to or participating in the *ReBuild program* for the purpose of statistics and meeting conditions for participation.

Parent / Guardian Options

I have read, understood and agree with above and sign it to cover all Youth Program activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Parents'/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective: DATE _____ to _____