



# St. Albert Youth Community Centre

## *Application form*

### Concession Work Experience Program

#### **Personal:**

First Name:	Last Name:
Address:	City:
Home Phone:	Postal Code:
Cell Phone:	E-Mail:
School:	Home Room Teacher:

#### **Emergency Contacts:**

Name:	Relationship:
Address:	#1 Phone:                      #2 Phone: /
Name:	Relationship:
Address:	#1 Phone:                      #2 Phone: /

#### **Training and/or Experience:**

Please briefly describe any previous work, training or volunteer experience you have:

## Parental Consent Form

I, \_\_\_\_\_, hereby give permission for my child to participate in the St. Albert Youth Community Centre's (herein referred to as the **YC**) **Concession Work Experience Program** and all related training opportunities.

I, \_\_\_\_\_, hereby release the **YC**, its employees, volunteers, instructors and agents from any claim for loss, injury or damage to person or property either directly or indirectly from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or for my child(ren).

I, \_\_\_\_\_, hereby authorize the **YC** to use photographs taken of the aforementioned individuals while attending or participating in recreation programs and activities (scheduled or unscheduled) sanctioned by the **YC**. Photographs may be used to promote the **YC**'s programs or used in or as part of publication, advertisement, newsletters and displays intended for the general public.

No other use of these photographs will be allowed.

### **ACKNOWLEDGEMENT**

I acknowledge having read and understood this liability release and accept the terms therein.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Note:** All parts of this form must be completed in order for your child to participate in the **Concession Work Experience Program**. Any unsigned portions can result in the denial of your child's ability to participate.