



# St. Albert Youth Community Centre

## YOUNG CHEF'S PROGRAM

### Registration & Waiver Form

Youth's First/Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Information: \_\_\_\_\_  
*(Please Include Allergies)*

Alberta Health Care Number: \_\_\_\_\_

### WAIVER FORM

I, \_\_\_\_\_ as the parent/guardian give permission for my son/daughter to participate in the "Young Chefs" Program to be held on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_.

**The Fee for the program is: \$15.00 per person.**

The hours of the program are from \_\_\_\_\_ pm to \_\_\_\_\_ pm at the St. Albert United Church.

I, \_\_\_\_\_, (hereby) release the St. Albert Youth Community Centre, the St. Albert United Church, and the St. Albert Health Unit and 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 this program.

I, \_\_\_\_\_, (hereby) authorize the "Young Chefs" Program to use photographs taken of the aforementioned individuals while attending or participating in this program. Photographs may be used to promote the St. Albert Youth Community Centre's programs or used in or as part of publication, advertisement, newsletters, and displays, website, and PowerPoint presentations intended for the general public. **No other use of these photographs will be allowed.**

### Acknowledgment

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

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

Name of Youth: \_\_\_\_\_

Date: \_\_\_\_\_ Payment Received: \_\_\_\_\_

**Note:** All parts of this form must be signed in order for your child to participate in the activities. Any unsigned parts can result in the denial of your child's ability to participate.

**"Barrier free access to programs & activities focused on building assets & skills in youth"**

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Charity Registration #878031798RR0001