

Activity Centre Youth Application Form



PERSONAL INFORMATION:

As the parent/guardian of _____, I hereby consent to allow _____ to participate in the St. Albert Youth Community Centre (SAYCC) (please check):

- programs
- activities
- fundraisers.

Youth's Name:	First:	Middle:	Last:
Age:	Sex: M F	Grade:	Birth date:

Name of the Parent/Guardian:		Home Address:	
Parent/Guardian Home Phone:	Parent/Guardian Work Phone:	Parent/Guardian Cell Number:	Parent/Guardian E-mail:

EMERGENCY CONTACT:

In the event of an emergency, if we cannot reach you, whom do we contact?

Name:	
Address:	
Phone Number:	
Relationship to child:	
Alberta Health Care #:	
Medical Concerns:	

Liability Clause:

I agree that the SAYCC will not be responsible for any injuries my Youth may sustain from/while participating in any SAYCC activities/programs/fundraisers.

Medical Waiver:

- I waive my legal right against the SAYCC Staff/Volunteers for any loss, injury or damage suffered at any SAYCC activities/programs/fundraisers.
- I hereby authorize Staff/Volunteers of the SAYCC to have my Youth transported to the hospital for any emergency treatment that may appear necessary in the event that I cannot be contacted immediately. I further consent to pay any medical expenses incurred that are not covered by my health insurance plan.

Parent/Guardian Signature: _____ Date: _____

Release of Information Form



Due to the Freedom of Information and Protection of Privacy Act (FOIPP), we require written permission, from parents/guardians, for various activities/programs/fundraisers within the St. Albert Youth Community Centre (SAYCC).

At various times throughout the year we would like to have Staff/Volunteers of the SAYCC contact you by phone for your participation with the following: service delivery surveys, fundraisers, and special events.

Please complete this form as part of the registration process:

I, _____, hereby give permission to the SAYCC to:

Release my son/daughters full name to the SAYCC for the purposes listed below:

- Display photos for others to see.
- To be published in the Media to advertise the SAYCC activities/programs/fundraisers.
- To be used on static display boards at community events to advertise the SAYCC activities/programs/fundraisers.

Parents Signature

Date

Witness

Date

****VOLUNTEERS**** are an essential part of the SAYCC. Will you be a volunteer?

Yes _____ No _____

I, hereby give permission to release my full name and phone number to the Volunteer Coordinator at the SAYCC for the purpose of volunteering and recognition events.

Parents Signature

Date

If you require more information, please contact the Activity Centre Coordinator of the St. Albert Youth Community Centre, at 418-0678.