



PARTICIPANT INFORMATION SHEET, 12-15 YEARS

**PLEASE FILL OUT ALL SECTIONS
PLEASE PRINT**



WHICH CENTRES WILL YOU BE ATTENDING?

YAC – EAST YAC – WEST

Child's Legal Name: _____ Name commonly known as: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female AGE _____ BIRTHDATE: ____/____/____ <small style="margin-left: 100px;">DD MM YYYY</small> Languages known/spoken: _____	If you would like Community Services to update you on future youth programs and opportunities, please list your email address below: Email: _____
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Parent/Guardian	Parent/Guardian
Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Relationship: _____	Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Relationship: _____

**Designated Emergency Contacts -
Designate 2 people other than listed above that we can contact and release information to in case of illness or emergency.**

Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Relationship: _____	Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ Relationship: _____
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Medical / Personal Information

Describe any medical conditions or allergies of which we should be aware: _____

Describe any cultural, religious or personal requirements or restrictions of which we should be aware: _____

Emergency Medical Transportation and Treatment

If, at any time, medical treatment is necessary due to serious injury or sudden illness, by signing below I authorize the City of Brandon, its staff or agents to take whatever emergency measure deemed necessary for my child's protection. I understand that any expense incurred for medical treatment, including ambulance fees, are my responsibility.

Parent/Guardian	Parent/Guardian
Signature: x _____ Print Name: _____ Date: _____	Signature: x _____ Print Name: _____ Date: _____

Consent to Photograph or Videotape

On occasion throughout the duration of this program, photographs or videos may be taken for the purpose of media or advertising of the program. By signing below, it is acknowledged that pictures of the parent/guardian and/or child may be used for this purpose.

YES I CONSENT NO I DO NOT CONSENT

Parent/Guardian Initial _____

Public Transportation Waiver

On occasion, throughout the duration of this program, youth may participate in activities that occur away from the main location of the program. In order for youth to participate in these activities, a signature by the youth's parent/guardian is required. Youth whose forms are not signed will not be able to attend such events. It is possible the program centre may not be open when the program is taking place off site. In such cases, the child will not be able to attend the youth centre. Events taking place off of centre grounds will be identified on the activities calendar and posted at the centre. Youth will also be reminded about these activities by their leaders in advance. If youth need to leave early, alternate transportation must be arranged by their parent/guardian. By signing below, it is acknowledged and approved that the child will be participating in activities in various locations away from the program centre, and consent is given for the child to utilize public transportation to such activities and events. It is also recognized that these events are subject to change or cancellation, and such changes will be posted at the centre.

YES I CONSENT

NO I DO NOT CONSENT

IF NO, I UNDERSTAND THAT ON THESE DAYS THEY MAY NOT BE ABLE TO ATTEND WHEN OFF-SITE.

Parent/Guardian Initial _____

Attendance Policy

Youth 12 years of age and older are not required to stay for any specific length of time and are free to come and go during program hours. Children under the age of 12 are required to stay for the duration of the program unless alternate arrangements have been made with Program administrators. All parents are expected to make transportation arrangements for their children to and from the facility. Program administrators are not responsible for the supervision of children or their transportation outside of program hours.

Parent/Guardian Initial _____

Release / Waiver

By signing below, I acknowledge that I fully understand the purpose of this program, the type of activities that my child will be participating in, and that I have received and reviewed the basic program schedule and layout. I understand that there are inherent risks with organized games and activities and I accept these risks. I agree to release, discharge and hold harmless the City of Brandon, its staff and agents and the program named above from and against all claims and proceedings with respect to any damage or injury to myself, and/or my child, and/or my property, arising from the provision of these services and activities.

Signatures/Authorization

Signature: x _____

Print Name: _____

Date: _____

Signature: x _____

Print Name: _____

Date: _____

If you have any questions, please feel free to contact us at 204-729-2257 or communityservices@brandon.ca

Completed forms can be brought to YAC upon first day of attendance, or emailed to communityservices@brandon.ca

THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA) & PERSONAL HEALTH INFORMATION ACT (PHIA)

The City of Brandon collects personal information and personal health information in the course of admission, registration, and related activities for the provision of its programs. This information is collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA), The Personal Health Information Act (PHIA) and City of Brandon Policies and Procedures.