**Youth:**

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| **Name:** | **Date of Birth:** |
| **Phone Number:**  | **Email Address:** |
| **Address:** |
| **Allergies:** |

**Parents/Guardians:**

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| --- | --- |
| **Name:** | **Email Address:** |
| **Alternate Phone Number** | **Daytime Phone Number:** |
| **Relationship to Youth:** |

**Emergency Contacts:**

|  |  |
| --- | --- |
| **Name:** | **Email Address:** |
| **Alternate Phone Number** | **Daytime Phone Number:** |
| **Relationship to Youth:** |
|  **Rules:**Respect everyoneRespect the youth centre and its equipmentRespect all staff members and volunteersNo drugs or alcoholNo violenceNo swearingNo bullying |

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| **Request for Consent to Emergency First Aid and Transportation**□ I give permission □ I **DO NOT** give permissionthat my youth may be given emergency treatment by a staff member of GIAG Youth Program. I also give permission for my youth to be transported by, ambulance, to an emergency centre for treatment and agree to hold Glengarry Inter Agency Group and its employees harmless. |
| **Request for Photo Consent** There are various times when pictures of the youth will be taken, either by the staff, volunteers or members of the media. We would like your permission to use these photos of your youth for Social Media for example our Facebook page, fundraising and program promotion and various artistic displays around the Centre.□ I give permission □ I **DO NOT** give permissionfor the GIAG Youth Program to take and use photos of my youth. |
| **I have read and fully understand the above mentioned rules of the GIAG Youth Program. By signing this form I agree to follow the rules. I understand that breaking any of these rules may result in suspension from GIAG Youth Program activities.** **Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Permission:** I am confirming permission for my youth to fully participate in all activities offered by GIAG Youth Programs. I certify that all information provided on this membership form is accurate. I understand that I am responsible for any damage caused by my youth to the youth centre. **Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |