**2019/2020 Youth Registration Form
 MUST COMPLETE ALL FIELDS
Please return form to:**​ Magnus Eliason Recreation Centre (MERC) – 430 Langside Street

***NOTE:*** ​*SNA Youth Program is for youth grades 7 - 12, ages 12-17. In order to receive transportation, all youth must submit a registration form signed by a parent/guardian*

***Registration for September 2019 - August 2020***

**Participant Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Name Last Name*

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

 *Month Day Year*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*House/Apartment # Street Postal Code*

Canadian Citizen\*:  Country of Origin\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Resident\*:  Permanent Resident Number\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indigenous/First Nation/Metis\*: 

*\*This information is for statistical and funding purposes only and it kept and used with the utmost confidentiality. For questions or concerns, please contact Carolina, Newcomer Youth Outreach Coordinator, at 204-8817974 or by email at* *newcomer@spenceneighbourhood.org*

Allergies/Dietary Restrictions (Eg. Halal, Peanuts, Vegetarian Etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions/Medications (Eg. Asthma, Epi-pen): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian/Caregiver Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_

*First Name Last Name*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_

*First Name Last Name*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_

*First Name Last Name*

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation:** *(Please check all that apply)*

Participant *requires* safe ride home from program : 

*Note: Safe rides available for those living in and around the Spence Neighbourhood only (8:45PM)*

Participant can be provided with bus tokens to get to and/or from program: 

Participant is free to come and go from program: 

**Excursion Release:**

By signing below you give permission for your son/daughter to participate in the “Youth Drop-In/Outreach” program. This includes regular programming which is from 6:30 PM - 9:00 PM from September to June as well as, special events (such as swimming, bowling, going to the movies, and other local outings). By signing below I give permission to the Spence Neighbourhood Association to take the above-mentioned participant on the above-mentioned outings (and others) as part of the Youth Drop-In/Outreach Program.

I understand that SNA is not responsible for any accidents that may occur or for youth who choose to leave programming without informing staff. Should these situations occur, appropriate action will be taken and parents/guardians will be contacted immediately.

**Release and Photo Waiver:**

In consideration of my/our child’s participation as outlined above, I/we agree to the following:

1. I/we agree to hold harmless The Spence Neighbourhood Association and third parties authorized by it (herein collectively referred to as the “SNA”) with respect to any and all losses, including any litigation expenses, legal fees, damages or costs that may be incurred by SNA in the event that my child pursues legal action against SNA arising from the use and publication by SNA for editorial, trade, advertising, promotion, social media or any other lawful purpose in any manner or medium, of any photographs, videotapes, motion pictures, audio recordings or any other recordings, images or likenesses of my child taken while he/she is participating in a media broadcast and/or being photographed as outlined above (herein referred to as the “Images”).

2. In addition, I/we agree not to sue SNA for any losses incurred personally by myself/ourselves arising from the use and publication by SNA for editorial, trade, advertising, promotion, social media or any other lawful purpose in any manner or medium, of any Images.

Please check below **if you do not want your child’s photo to appear** on the SNA website/newsletter, promotional materials, social media, or in West Central Times Community Newspaper. **( ) No Photos**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_