



# Youth Participant Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Sex:  Male  Female  
(D) (M) (Y)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ Phone: (C) \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ & \_\_\_\_\_

**Medical Concerns, Medications, & Disability \*\*ALL FIELDS ARE MANADATORY\*\***  
(E.g. Allergies, asthma, diabetes, special needs – e.g. behaviour / physical)

<b>Medical Conditions:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Explain:</u>	<b>Medications:</b> (e.g. inhaler, EpiPen) <input type="checkbox"/> No <input type="checkbox"/> Yes <u>Explain:</u>	<b>Disability:</b> Do you or your child require support or accommodation due to a disability? <u>Guardian</u> <u>Child</u> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
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\*Please note: An additional form is required for **EpiPen users**. PHCG volunteers and staff **CANNOT** administer any medications.

**Mandatory Emergency Contact other than a parent** (NOTE: we will call all numbers listed above prior to accessing this emergency contact.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**My Child - over the age of 7 has permission to sign themselves out of program....(circle one)....**    Yes    No

**If No please fill in** Alternative Guardian Pick Up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Security Question: \_\_\_\_\_ Security Answer: \_\_\_\_\_

- Check box if you do NOT wish to receive info about Volunteer Opportunities at PHCG
  - Check box if you do NOT wish to be informed about special events and programs offered by PHCG.
- How did you hear about PHCG?  Newsletter  City Activities Guide  Word of Mouth  Other

What is the easiest way to contact you, from information provided above? \_\_\_\_\_

- Authorization and RELEASE:** I, in my personal capacity and on behalf of the participant, do hereby **RELEASE FROM ALL LIABILITY** Preston Heights Community Group, its Directors, volunteers, employees, agent and representatives (hereinafter Releasee) for any injuries, illnesses, or other mishap that may be incurred by the participant while attending a registered or drop in program or event, except where damage or injury is caused by the gross negligence of the Releasee. In the event the participant should be injured or become ill, I authorize any medical treatment that may be required and will assume full financial responsibility for the said treatment. At no time is the Releasee liable for the action/inaction of any support worker supplied by and/or for the participant.
- Permission Form:** I hereby give my child permission to travel off-site to activities and events with the staff and volunteers on the above terms. Prior notice/schedules of activities will be provided. I authorize that I/my child may be digitally imaged for public relations materials/purposes.
- Personal Information** collected on this form is obtained in compliance with the Personal Health Information Protection Act (PHIPA) and will be used only for the purpose of the PHCG. Questions about the collection of personal information should be directed to the PHCG Health Information Custodian by calling 519-650-2971.
- I understand that this form shall be completed no less than each calendar year.  
**BY SIGNING THIS RELEASE YOU ARE RELEASING YOUR LEGAL RIGHTS AGAINST PHCG.**

Current Year	Signature of Parent/Guardian or Participant (if over 18 years of age or older)	Date	Office Use Only	
			Entered & updated on database	Initials
			<input type="checkbox"/>	
			<input type="checkbox"/>	