

Youth Program Registration & Consent Form

Information received is confidential and is being gathered for the purposes of serving your teen while in the care of Youth Unlimited Edmonton. Any medical information collected here serves to authorize Youth Unlimited Edmonton, and its Staff and Volunteers, to obtain medical assistance in emergencies.

Your email address is being used to ensure that a parent or guardian has completed this form. It is for verification purposes only. If you would like to start receiving emails about the work Youth Unlimited is doing in Edmonton, please go our website and subscribe to our email list - www.yuedmonton.com

THANK YOU for taking the time to complete this form. We want to keep your youth as safe as possible while they are in our care.

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*	Required
1.	Email *
2.	Which program is your youth currently attending? Please select all that apply: Check all that apply.
	Cellar Youth Centre
	Core Youth Centre
	Vault Youth Centre
	In School programming
	Not sure
3.	Name of Youth *
4.	Youth's Date of Birth *
	Example: January 7, 2019

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lr	n case of emergency, contact: *
	oes your youth have any physical, emotional, mental, behavioural concerns o
liı	mitations that staff should be aware of? If yes, please explain:
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ls	s your child bringing any medication? If yes, please list:
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15.	Do you consent to allowing Youth Unlimited personnel administer your child's prescription medications?			
	Mark only one oval.			
	Yes			
	○ No			
CON	SENT			
sign a	ne Parents or guardians named below, authorize Youth Unlimited Edmonton Youth Program Personnel to consent for medical treatment and to authorize any physician or hospital to provide medical assessment, ent or procedures for the participant named above.			
Edmon being p superv	amed below, undertake and agree to indemnify and hold harmless Program Personnel, Youth Unlimited aton, and its leaders from and against any loss, damage or injury suffered by the participant as a result of part of the activities of Youth Unlimited Edmonton, as well as of any medical treatment authorized by the rising individuals representing Youth Unlimited Edmonton. This consent and authorization is effective only participating in or traveling to events sponsored by Youth Unlimited Edmonton.			
The Participant agrees that he/she will respect the leadership of and obey the rules, guidelines, orders and instructions given to him/her by YUE leaders, staff members, volunteers and all other persons placed in authority or responsibility over him/her by YUE. The Participant agrees that failure to do this may result in being sent home at his/her own expense.				
A prote dissem	munication ection policy is in effect at YUE that communication with any youth is to be used primarily for the ination of information about events and activities at Youth Unlimited. Please check the communication ds below that you will allow Youth Unlimited staff to use to communicate with your teen:			
16.	Youth Unlimited staff are permitted to contact my child by:			
	Mark only one oval.			
	Telephone (home/work/cell)			
	Email			
	Social Media			
	Text messages			
	Other:			

Photos and Videos

Youth Unlimited uses photos and videos of its events and activities to promote the mission of the organization to our donors and other stakeholders, including promotion of our programs to youth. By signing this waiver below, you consent to any reasonable use of pictures containing your child. This could include newsletters, promotional material, social media, YUE website or videotaping. We will never attach personal information of your child to the photo(s). Any names used will be aliases.

17.	If you do not wish to have photos and videos of your child used by Youth Unlimited please check No. We would also ask that you provide any legal information needed to keep your child's identity protected while a participant of Youth Unlimited by checking and completing the "other" field below.
	Check all that apply.
	☐ No
	Other:

Purpose and Extent

Youth Unlimited Edmonton is collecting and retaining this personal information for the purpose of enrolling your teen in our programs, to assign the student to the appropriate programs, to develop and nurture ongoing relationships with you and your teen, and to inform of program updates and upcoming opportunities at Youth Unlimited Edmonton. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Youth Unlimited Edmonton to limit the information collected, or to view your teen's information, please contact us. Youth Unlimited Edmonton reserves the right to perform a police check on youth over 16 years of age who are applying to or participating in the volunteer youth leadership program for the purpose of insuring the protection of all participants, as per our legal requirements.

I have read, understood and agree with the above and sign this agreement to cover all youth program activities for as long as my youth, named above, remains involved in YUE activities. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

18.	Today's date *	
	Example: January 7, 2019	_

19.	By signing below, or typing in your name, you agree that this form remains in ef as long as your child remains in Youth Unlimited Edmonton programming, and the all information contained on this waiver is correct. You also acknowledge that it your responsibility to inform Youth Unlimited of any changes to the information contained in this form. *		
20.	Any additional comments? Any concerns or questions regarding this form, or any activities and programs of Youth Unlimited, can be directed to 780-437-3000 of info@yuedmonton.com . Thanks again for taking the time to complete this form. Much appreciated.		