

CENTRE CHANTAL BÉRUBÉ COMMUNITY YOUTH CENTRE
MEMBERSHIP FORM
(Youth must be between the ages of 12 and 17, no exceptions)

PERSONAL INFORMATION:

I _____ the parent/guardian of _____, hereby provide my consent
 (Name of Parent/Guardian) (Name of Youth)
 for my Youth to participate in the Centre Chantal Bérubé Community Youth Centre programs/activities/fundraisers.

As the parent/guardian may we contact you and/or your Youth by mail/phone/e-mail to participate in upcoming programs/activities/fundraisers? Yes _____ No _____

Youth's First Name:	Middle:	Last:
Date of Birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>	School:
Home Phone Number:	Home Address:	
Name of the Parent/Guardian:	Parent/Guardian Work and/or Cell Phone Number:	
Parent/Guardian Date of Birth:	Parent/Guardian E-Mail Address:	
Any Medical/Behavioral Concerns:		

EMERGENCY CONTACT:

In the event of an emergency, if we cannot reach you, whom do we contact?

Name	
Address	
Phone Number	
Relationship to youth	

Liability Clause:

I agree that the *Centre Chantal Bérubé Community Youth Centre* will not be responsible for any injuries my Youth may sustain from/while participating in any *Centre Chantal Bérubé Community Youth Centre* activities/programs/fundraisers.

Medical Waiver:

I waive my legal right against the City of Beaumont and the *Centre Chantal Bérubé Community Youth Centre* Staff/Volunteers for any loss, injury or damage suffered at any *Centre Chantal Bérubé Community Youth Centre* activities/programs/fundraisers. I hereby authorize Staff/Volunteers of the *Centre Chantal Bérubé Community Youth Centre* to have my Youth transported to the hospital for any emergency treatment that may appear necessary in the event that I cannot be contacted immediately. I further consent to pay any medical expenses incurred that are not covered by my health insurance plan.

Parent/Guardian Signature: _____ Date: _____

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used to administer program registration and membership management and may be communicated to relevant City Business Units and Alberta Health Services. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.



PHOTO & CONSENT AGREEMENT RELEASE FORM FOR A MINOR

CHILD'S NAME: _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS OF PARENT/GUARDIAN: _____

1. I, the parent/guardian, consent for my child to be included in photographs, video, tape, print and/or other similar material (the "Materials") and further agree to the use and distribution of the Materials, and any copies, for advertising, trade or promotional purposes in any City of Beaumont publications, broadcast or other media.
2. I agree that the City of Beaumont may reproduce the Materials, and that the original and any copies of such Materials will become the City of Beaumont's sole property.
3. I understand that I will receive no compensation for the City of Beaumont's use and distribution of the Materials.
4. I further agree and release the City of Beaumont from all liability in connection with the usage of any of the Materials and from all liability which I may have against the City of Beaumont.
5. I acknowledge, that I, the parent/guardian, am under no obligation to consent and agree that is my voluntary decision to do so. I also understand that having given my permission, I may also withdraw it at any time by notifying the City of Beaumont in writing, provided that the City of Beaumont shall continue to have my consent to distribute any Materials which have already been produced or that the City of Beaumont has committed to producing prior to the withdrawal.
6. I certify that I have read and fully understand this release and consent agreement. I certify that all questions pertaining to this consent have been answered to my satisfaction. By signing below, I am agreeing to the terms of this agreement.

Parent/Guardian (Print Name)

(Signature)

(Date)

FOIP - Consent to contact: This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and may be used for purposes set out above. If you have any questions about the collection of this data, please contact the City of Beaumont's FOIP Coordinator at 5600-49 Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.