



A TURNING POINT FOR WOMEN



Participant Registration Form

Youth Participant Information

Name:

Address:

Telephone:

Email:

Would you like to be invited to join the YWCA Halifax's Youth Programs Fly-W Facebook Group? YES NO

Birth Date:

Health Card #:

Are there any Allergies, Medical or Anything Else that the Youth Programs Facilitator should know? YES NO
Please Describe:

Grade (2010/11 school year):

Parent/Guardian Information

Name:

Address:

Day Phone:

Night Phone:

Email:

Relationship to Youth?

Emergency Contact Information

Name:

Day Phone:

Night Phone:

Relationship to Youth?

To Be Completed if Applicant is Under 18 Years of Age

I understand that participation in the Youth Department is voluntary, and involves a certain degree of risk when participating in some YWCA activities. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my daughter/ward. I grant permission for my child/ward to become a participant in the YWCA's Youth Department PowerCamp Summer Day Camp program and to participate fully in its activities.

Signature of Parent or Guardian:

Date:

Media Release

During all Youth Programs, we take photos and videos. This is done for the purpose of evaluation and documentation. These images can also be used to fundraise and promote our programs. I hereby grant permission to the YWCA of Halifax Youth Department to photograph or film my child/ward while participating in the YWCA PowerCamp Summer Day Camp program, and to publish, exhibit and distribute these materials in print or electronic form.

Signature of Parent/Guardian:

Date:

All information collected is confidential. It is used to facilitate our youth programs and communication within our organization. We do not sell our information outside the World Association of the Young Women's Christian Association (YWCA).