



Full Circle Youth Centre Registration Form

2024 Afterschool Program



1105 Kamloopa Road, 250 320 8625

PARTICIPANT INFORMATION

First Name		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Last Name		Date of Birth	YYYY - MM - DD Age:

City/Town		Primary Phone	
Home/Mailing Address		Emergency contact name and Phone	
Postal Code		Email	

Days you plan for your child to attend: Please circle the days of the week that you plan your child to attend and write any dates you know they won't be attending:

Monday Tuesday Wednesday Thursday Friday (Closed Saturday and Sunday)

Dates not attending: _____

Can your Child swim? _____

Health Care Information:

Current & Up-to-date immunizations? YES No Late Date of Immunization: _____

Is the youth required to take any medications while at the Youth Centre: YES NO?

Allergies: _____

Does the youth require the use of an EPI-PEN: YES NO?

If so, we request that epinephrine be administered in the event of an anaphylactic reaction, any comments/instructions: _____

Do you authorize your child to be photographed and the photos to be publicized? YES No

Does the youth have any health issues that we should be aware of? _____

WAIVER & RELEASE OF LIABILITY

I understand that, as in all sports/activities, there is risk of physical injury and damage to property. I hereby give consent for my child/youth named above on this document to receive emergency medical care which may become necessary in the course of such activities.

I further agree not to hold the Full Circle Youth Centre, Community Mentor, Full Circle Youth Centre staff, or anyone acting on the Full Circle Youth Centre's behalf, responsible for any injury occurring to the named participant during Full Circle Youth Centre activities.

Upon Registration of my child in the Full Circle Youth Centre program, I permit my child to participate in a range of activities, and I authorize the Community Mentor and/or Full Circle Youth Centre staff in the event of an accident or illness affecting the above named participant; to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the participant. Such action shall be taken only when immediate contact with the undersigned cannot be made.

I have read this release of liability and assumption of risk agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign freely voluntarily, and without inducement.

PARENT/LEGAL GUARDIAN - For participants under the age of 19, the waiver & release of liability must be signed by his/her parent or guardian:

I, as the parent/legal guardian of the participant named above and herein, agree to assume the full responsibility to instruct my child of the risks involved, and to inform him/her of the importance of abiding by the rules and regulations of the Camp. I, as the parent/legal guardian of the participant named herein, hereby declare that I have read, understood, and agree to the contents of this Waiver and Release of Liability in its entirety.

Parent/Legal Guardian Name	Parent/Guardian Signature
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Submit to: Youthcentre@ttes.ca Please List other people that may pick up your child: