

## AYC REGISTRATION FORM

<b>PROGRAM NAME:</b>	<b>DATE:</b>	<b>COST:</b>
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<b>PARTICIPANT INFORMATION</b>		
First Name:	Last Name:	
Age:	Date of Birth:	Gender:
Home Phone:	Cell Phone:	

<b>WAIVER</b>		
I, the undersigned, do hereby agree to allow the individual named herein to participate in the aforementioned activity and I further agree to indemnify and hold the Abbotsford Youth Commission harmless from and against any and all liability which may be suffered by the aforementioned individual arising out of, or in any way connected with, his/her participation in the named program.		
Print Name:	Signature:	Date:

<b>CANCELLATION/REFUND POLICY</b>
Cancellations will be allowed until 3 days prior to the start of a program. After this date, refunds will only be provided for medical reasons and a doctor's note may be required. If rescheduling to a later date, no fee will be charged for cancellation. If a refund is requested, a \$5.00 administration fee will be charged. Please allow at least 2 weeks for a refund cheque. If the AYC cancels a course, no fee will be charged.
<b>Initial here acknowledging policy:</b>

<b>WHERE DID YOU HEAR ABOUT THE AYC?</b>
<input type="checkbox"/> Abbotsford Parks & Rec Guide <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Other _____

*For office use only:*

<b>METHOD OF PAYMENT</b>
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE (Cheques payable to: Abbotsford Youth Commission) <input type="checkbox"/> Credit
Name as shown on cheque/credit card: _____
NSF Returned Cheques: A \$25.00 administration fee will be charged on all returned payments.
<b>CONSENT</b>
<input type="checkbox"/> Medical Form submitted/up to date <input type="checkbox"/> Photo Release <input type="checkbox"/> Email Consent



Please fill out Registration and Medical Forms and return with cash or cheque to:  
Abbotsford Youth Commission- P208 33355 Bevan Ave, Abbotsford, BC V2S 0E7  
[www.abbyouth.com](http://www.abbyouth.com)

## AYC YOUTH MEDICAL & CONSENT FORM

PARTICIPANT INFORMATION		
First Name:	Last Name:	Gender:
Address:	Date of Birth:	Age:
Home Phone:	Cell Phone:	
Emergency Contact Name:	Emergency Contact Phone:	
MEDICAL INFORMATION		
Doctors Name:	Care Card Number:	
Medical Alerts: (Please include any allergies, physical limitations, behaviour challenges, etc. More info on back if needed)		
Medications: Please include dose and description **Note: AYC staff will not administer medications		
As the parent/legal guardian, I agree that the above information is true to the best of my knowledge.		
Print Name:	Signature:	Date:

PHOTO RELEASE		
As the parent/legal guardian of the individual named above I hereby give permission to the Abbotsford Youth Commission to use my child's/ward's name, photographic likeness and or voice recording in all forms and media for advertising, and any other lawful purpose and transfer to the Abbotsford Youth Commission any and all rights, including copyright, which I may have to this material. <b>I give my permission as set out above.</b>		
Print Name:	Signature:	Date:

EMAIL CONSENT
Sign up to receive our e-mail newsletter featuring information on our programs, coupons, special events, and more! Your information will be kept confidential and used solely for our communications. You can unsubscribe at any time.
Email Address:

