



# REGISTRATION FORM – ABBOTSFORD YOUTH COMMISSION

## PARTICIPANT INFORMATION

FIRST NAME	LAST NAME	BIRTHDATE	
HOME PHONE	SECONDARY (EMERGENCY) PHONE	AGE	SEX

- Photo Release** is signed
- Youth Medical Form** submitted or
- Youth Medical Form** is up to date and correct

## PROGRAM INFORMATION

PROGRAM NAME	PROGRAM DATE	PROGRAM COST

## METHOD OF PAYMENT

- CASH**
- CHEQUE** – Please make all cheques payable to: Abbotsford Youth Commission

Name as shown on cheque: \_\_\_\_\_

## WAIVER

I, the undersigned, do hereby agree to allow the individual named herein to participate in the aforementioned activity(ies), and I further agree to indemnify and hold the Abbotsford Youth Commission harmless from and against any and all liability for injury which may be suffered by the aforementioned individual arising out of, or in any way connected with, his/her participation in the named program.

**NAME (PRINTED):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\* Please fill out Registration Form and Return to the Abbotsford Youth Commission with Payment (**cash or cheque only**)\*



# YOUTH MEDICAL FORM – ABBOTSFORD YOUTH COMMISSION

## PARTICIPANT INFORMATION

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>BIRTHDATE</b>	
<b>HOME PHONE</b>	<b>OTHER (EMERGENCY) PHONE</b>	<b>AGE</b>	<b>SEX</b>
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>POSTAL CODE</b>	
<b>EMAIL ADDRESS</b>	<b>EMERGENCY CONTACT NAME</b>	<b>EMERGENCY PHONE</b>	

## MEDICAL INFORMATION

<b>DOCTORS NAME</b>	<b>PARTICIPANTS CARE CARD NUMBER</b>
<b>PARTICIPANTS MEDICAL CONDITIONS</b> Please include any physical limitations, allergies and mental health issues	<b>MEDICATIONS</b> Please include dosage and description

I agree that the above information is true to the best of my knowledge

**NAME (PRINTED):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## PHOTO RELEASE

We protect and respect your privacy. We do not provide or sell this information outside our organization. This release is to ensure that you have the opportunity to let us know if you are willing to have your, or your child's/ward's photograph, recording, and/or voice used for information and/or promotion purposes for the Abbotsford Youth Commission

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above. On behalf of my child/ward, I have read this release and 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, trade, and any other lawful purpose and transfer to the Abbotsford Youth Commission any and all rights, including copyright, which I may have in this material.

**I GIVE MY PERMISSION as set out above:**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_