



REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name	First Name	Birth date	Sex
Street Address		City	Postal Code
Home Phone	E-Mail Address	Emergency Contact Name	Emergency Phone Numbers

OTHER INFORMATION

Please state any additional information that you would like us to know about

- Youth Medical Information form submitted
- Photo Release form submitted

PROGRAM INFORMATION

Course Name	Course Date	Cost/Paid

METHOD OF PAYMENT

- Cash
- Cheque - Please make cheques payable to Abbotsford Youth Commission

Name as shown on Cheque: _____

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 activities

NAME (PRINTED) _____

SIGNATURE: _____

DATE: _____

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

Abbotsford Youth Commission

Youth Medical Information Form

Place Youth
Photo here

The following information may assist a program leader in the case of an accident. We reserve the right to limit or restrict participation on the basis of information that is disclosed on the following form. This form must be completed and submitted in order for youth to participate.

Name		Birthdate	Sex	E-Mail Address
Street Address			City	Postal Code
Home Phone	Other Phone	Emergency Contact Names		Emergency Contact Phone Numbers
		1.		1.
School	Age	Grade	2.	

Doctors Name	Doctors Phone Number		Participants Medical Number
Participants Medical Conditions if any (Please include any physical limitations, allergies and mental health issues)			Medication if any (please include dosage and description)
Participants Eyesight			Photograph release form has been signed???
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts			<input type="checkbox"/> Yes <input type="checkbox"/> No ***Please see reverse side for Photograph release form***

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____



101 – 32383 South Fraser Way, Abbotsford, BC V2T 1W6
Ph: 604-854-8785 Fax: 604-854-8092

Photo Release Form

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

Participant Information:

Name of Participant: _____

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.

If the participant is less than 18 years of age:

Age of Participant: _____

I, _____, am the parent/legal guardian of the individual named above. On behalf of my child/ward, I have read this release and give my permission as set out above.

I GIVE MY PERMISSION as set out above:

Name: _____

Date: _____

Signature: _____

Please submit to Abbotsford Youth Commission
101-32383 South Fraser Way Abbotsford, BC V2T 1W6