

GirlSpace Summer 2018
Events
—Registration Package—



Programming made possible by:





YWCA
NWT

YWCA GIRLSPACE

Registration Form – Participant Information



Participant's First Name Participant's Last Name Birth date (DD/MM/YYYY)

Age

Health Card # **(REQUIRED!)**

Street Address

Street/Apt #

City

Postal Code

Parent/Guardian Name(s)

Please Circle: Ms Mrs. Mr. Dr. Other

Best Phone Number to reach you at?

Is it okay to text message this number?

Parent/Guardian Address (if different from above). *Please include mailing address*

Parent/Guardian Email Address

Emergency Contacts, other than parents/guardians:

Name: _____

Address: _____

Phone Numbers: Home _____ Work _____



Consent to Participate

Parents/Guardians:

I _____ the parent/guardian of _____
(Name of parent/guardian) (Name of participant)

give my permission for my daughter to attend the all YWCA NWT's Summer GirlSpace events with the YWCA GirlSpace Program and its staff and volunteers. This permission slip will be used for the girls attending the GirlSpace Summer Events, which will run from periodically from June 30, 2017 – August 31, 2017. We advise you that by consenting for your daughter to participant in GirlSpace, that she may be participating in light physical activities such as playing at the park, camping, playing the beach, and other such similar activities. These activities will all take place in Yellowknife.

Although the program activities are not considered dangerous or high risk, by signing this Agreement you will be releasing the YWCA NWT from any responsibility for any accident occurring during these dates while with the YWCA GirlSpace program and its staff and volunteers. This waiver refers to the usual risks that are involved in activities as describe above. It is yours and your daughter's responsibility to inform the program facilitator if you or she is not comfortable participating in any GirlSpace activities, or if there is any reason she should not participate.

Parent/Guardian Signature: _____

Date: _____

Witness Printed Name: _____

Signature: _____

Date: _____



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Consent- Response to an Emergency

In the unlikely case of a medial emergency and the contact person is unavailable, I, _____, being the legal parent/guardian of _____, authorize the staff of the YWCA of Yellowknife to provide _____ with the required medical care. I provide this consent freely with the knowledge that I may give or revoke consent at any time.

I, _____ am the parent/guardian of, _____ Herby authorize the staff of the YWCA GirlSpace program to have my child transported to Stanton Territorial Hospital for emergency or a non-emergency situation which requires medical treatment, in the event that parents/guardians, or designated emergency contact person cannot be reached. I am aware that this decision will be made by a YWCA Director or Executive Director. As well all cost incurred by the transportation of my child will be paid by the parent or guardian.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Note: If consent is revoked, please do so in writing.



Photo Release -

The YWCA of Yellowknife seeks your support in its efforts to highlight the work of the GirlSpace program. YWCA NWT therefore requests your permission to include pictures of your child/children in our publications from time to time. Our publications include slide shows, posters, brochures, our website & Facebook page, our annual report, banners and other displays. Our publications are used for educational, promotional and informational purposes in connection with the YWCA.

I hereby consent to have my child being interviewed, photographed and/or video taped by or for YWCA NWT for promotional purposes now and in the future.

By checking the following headings, you agree to have your daughter participate in:

- print media, including YWCA annual reports/newsletters/pamphlets
- photographs, including those used in print media listed above and in presentations.
- posting photographs on the internet, such as the YWCA NWT website and Facebook.
- participating in video or audio recording created by YWCA Yellowknife and posted on the website or on You Tube.
- I don't want my child to be interviewed, photographed or recorded. **Only check this option if you did NOT check any others.**

Parent/Guardian Signature: _____

Date: _____

Please submit all completed forms to:

Fax: 867-873-9406

Email: ashley@ywcanwt.ca

In person at the YWCA/Rockhill Apartments at 4904-54th Ave (9 am – 5 pm, closed 1-2)