



YWCA NWT Youth Council

For those who identify as women, girls, and gender non-conforming people ages 14-29
MEDIA _____

All information on this form is kept confidential. Please provide as much information as possible. **PLEASE PRINT CLEARLY.**

Personal Information

Youth's Name: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ Prov/Terr: _____ P.C: _____

Home phone: _____ Cell phone: _____ Work: _____

Parent Email: _____

Child's email: _____

Child's Cell _____ Date of Birth YEAR /MONTH /DAY Age: _____

Name of School: _____ Grade: _____

Do you have any dietary restrictions including for religious purposes? Please list:

Do you have any allergies to Latex? Please list

Do you have any food allergies? Please list.



Canadian
Heritage

Patrimoine
canadien



IN CASE OF EMERGENCY

In the unlikely case of a medical emergency and the contact person is unavailable, I, _____, being the legal parent/guardian of _____, authorize the staff of the YWCA NWT 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, _____, the parent/guardian of _____, Herby authorize the staff of YWCA NWT to have my child transported to Stanton Territorial Hospital for emergency or a non-emergency situations which require 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.

Person to be notified in case of emergency (other than parent):

Home #: _____ Cell #: _____

Work #: _____ Relationship to youth: _____

Parent/Guardian

Director, Child & Youth Services

Date: _____

Date: _____



Please Read This Carefully Before Signing

RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY

NAME OF PARTICIPANT: _____

ADDRESS: _____

DATE OF BIRTH: YEAR /MONTH /DAY

Is your child permitted to walk home alone? Yes No

If not, please name individual(s) permitted to pick up the participant at the end of each session:

Please indicate where the pick-up will take place. Parking lot or YWCA NWT Youth Council Door

We advise you that by registering your child in YWCA NWT Youth Council he will be participating in light physical activity such as classroom games and activities, and outside excursions. The activities will take place at Rockhill Apartments at 4904-54 Ave, and in other locations in the NWT, unless otherwise indicated. Waivers will be sent out prior to any activities requiring the group to leave Rockhill or the nearby park.

Although the program activities are not considered dangerous or high risk, by signing this agreement you will be releasing YWCA NWT from any responsibility for any accident occurring during the program hours. This waiver refers to the usual risks that are involved with the activities described above. It is your and your child's responsibility to inform the program facilitator they are not comfortable participating in any of the noted activities or if there is any reason why they should not participate.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in the YWCA NWT Youth Council program and its related activities.

_____ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the program.

_____ I release the YWCA NWT Youth Council program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless YWCA NWT Youth Council program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.



_____ I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Photo Release Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Participant Consent

I, _____, am committed to joining the YWCA NWT Youth Council program and

(Name or child)

consent to be a participant. I provide this consent knowing I need to attend and meet with the group, and the program staff, on a regular weekly basis, unless I am sick or the staff is unable to attend. *I will contact program staff via email, text, or by phone to let them know when I cannot attend YWCA NWT Youth Council.*

I understand that anything I say to the program staff is confidential, which means that they cannot tell anyone else. However, if the program staff or volunteers think that I need help to be safe they may need to tell someone who can help me. The program staff will let me know if she needs to break confidentiality.

Since I am in a group with other people, I understand that whatever is said within that group cannot be talked about outside of the group. If I do talk about or make fun of what another person says in group, without their permission, I may be asked not to come to group the next time.

I provide this consent knowing about the activities of YWCA NWT Youth Council, and do so freely with the understanding that I may give or take back this consent at any time.

Signature of Youth Date

Signature of Witness Date

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 YWCA NWT Youth Council program. YWCA NWT therefore requests your permission to include pictures of your child 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 to be interviewed, photographed and/or videotaped by or for YWCA NWT for promotional purposes now and in the future.

By checking the following headings, you agree to have your child 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 NWT 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.**

Child's name (print):

Parent/Guardian Signature:

Date _____