



FOR OFFICE USE
Date Accepted: _____
Renewal Date: _____



Simcoe Community Services Youth Programs Registration Form



Send/bring in completed form to:
Youth Worker for Simcoe Community Services
Barrie - Bayfield Mall, 320 Bayfield St., Unit 79, Barrie, ON L4M 3C1 - 727-1234 ext. 236
Orillia - 35 West St., Orillia ON L3V 5B9 - 327-5391 ext. 266

NB: this form must be completed before youth can participate in the program

PARTICIPANT INFORMATION: Barrie: [] Orillia: []

Name: _____ Male Female

Age: _____ Birth date: _____

Street name and number: _____

City: _____ Province: _____

Postal Code: _____ Phone: () _____

Email: _____

Health card#: _____ expiry date _____

Name of High School: _____

Will you be returning to High School next year? Yes / No

Parent/Guardian Name: _____

Daytime #: () _____ Evening #: () _____

Parent/Guardian's E-mail _____

How did you hear about the youth program? _____

EMERGENCY CONTACT:

(Separate Household - to be contacted in case parent/guardian cannot be reached)

Name: _____

Relation to Participant: _____

Daytime #: () _____

Evening #: () _____

IMPORTANT: Do you have any physical, emotional, behavioral, dietary or other concerns that we should be aware of? No Yes

If "yes", please state very clearly here, or attach a note of explanation.

Note: the youth program: cannot provide 1-1 support or guarantee a peanut free environment

CONDITIONS OF ENROLMENT:

- I have read and understand the Fun Enforcement Policy (FEP) for attending a youth event.
- I understand that if I misbehave and do not follow the FEP, I will be asked to leave the event.
- I believe that I have answered all of the questions on the registration forms fully and truthfully, and I understand that if I have left out requested information, I may not be allowed to attend the events.
- I understand that all attempts are made to keep the events as safe as possible.
- I understand that the staff and volunteers of Simcoe Community Services are not responsible if I have an accident or get hurt at an event.
- If I get hurt at an event and need medical attention, I understand that my Parents / Guardians will be contacted. If my Parents / Guardians cannot be reached, I agree to let Simcoe Community Services get medical help for me.
- I understand that if I lose something of mine at an event, I may not get it back.
- I agree to allow the Staff and Volunteers of Simcoe Community Services, to give me a ride during an event.
- I understand that if I need to bring and / or take medication at an event, I must give the medication to the Youth Worker to hold onto at the beginning of the event.
- I understand that all staff and volunteers of the Youth events will be aware of the information on this form.

Consent to film and/or tape, and use your picture for promotional purposes for Simcoe Community Services? Yes / No

Consent to be on the Youth phone list and to have your phone number shared with other participants? Yes / No

My parents/guardians and I have read and agree with the conditions of enrolment.

Parent's/Guardian's signature: _____

Date: _____

Youth's signature: _____

Date: _____