



2019-2020 Registration form

This form must be filled out and returned by any youth attending our programs.

Name of CABMN group(s) that your child participates in:

- Boys or Girls Group (Th./Fri. 5-12yrs) Youth Outreach (Sat. 11-14 yrs)
 Leadership or SADD (Sat. 8-12yrs) Drop-in (Sat. 12+ yrs)
 Dance/Theater (Sat. 5+yrs)

Participant info	
Youth's Name:	Phone Number:
School:	Address: (complete with postal code):
Grade:	
Allergies (if any):	Medicare Number:
Date of Birth: Year/Month/Day	Other information you would like us to know:

Parents Info	
Parent (1) Name:	Parent (2) Name:
Parent (1) Phone number:	Parent (2) Phone number:
Parent (1) Email:	Parent (2) Email:
Person to contact in case of emergency:	Emergency Number:

Preferred method of communication:

- Text Email Phone Facebook

Consent and Waiver Form

I agree to allow the Missisquoi North Volunteer Centre (Youth Centre) to use my child's likeness in materials such as photos, videos, sound recording or other materials which may be reproduced, communicated or distributed to the public in any form and by any means. I understand that no financial or other compensation will be granted in exchange for the above. I hereby waive all moral right associated with above materials and I release the Missisquoi North Volunteer Centre from any liability or damages resulting from or connected with the publication of such materials.

_____ If yes, please initial.

For your Child's Safety and well-being:

Does your child need to be escorted from the school to the Youth Centre? No Yes

Is your child allowed to walk home alone at group's end: _____ If yes, please initial.

Is your child allowed to leave the youth center unsupervised (only for Youth Outreach & Drop-in) _____ If yes, please initial.

Names of those authorized to pick up your child:

Any changes in regards to this information must be given in writing to YC staff.

Attached to this registration form is a list of Youth Centre and CABMN Rules. Please be sure to read them and share them with your son or daughter. We suggest posting them on the refrigerator. We ask that you please sign the following after reading the rules and return this completed form to the Youth Centre. Thank you!

IN AGREEMENT:

I have read the rules regarding the CABMN Youth Centre, its programs and dances. I have shared these rules with my son or daughter.

I also agree that I will not hold the CABMN, its staff or volunteers responsible should an accident or injury involving my child occur. I give the CABMN my permission to seek the help necessary should my child be in a medical emergency and need assistance.

Parent's Signature	Date	Youth's Signature



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Mansonville Maison des Jeunes / Youth Centre -Missisquoi North