

MEMBER DETAILS

Youth Centre Member -First Name(s)	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____ YY MM DD
Home Address	City/Town	Postal Code	
Parent/Guardian First Name	Last Name	Telephone # Day	
		# Cell	
		Email address: <input type="radio"/> Do NOT send me emails about upcoming programs	
Parent/Guardian First Name	Last Name	Telephone # Day	
		# Cell	
		Email address: <input type="radio"/> Do NOT send me emails about upcoming programs	
Military Family Member <input type="checkbox"/> Mother <input type="checkbox"/> Father	Military Member' s Unit		

MEDICAL DETAILS - EMERGENCY CONTACT

Please list any allergies, medical conditions or diagnosis we should be aware of: *Parents are required to disclose any medical conditions, diagnosed disabilities, or other conditions so we can make any necessary program modifications, so your child can actively participate and we can provide the best care and support*	Emergency Contact Person (different than parent/ guardian listed above)
	Emergency Telephone Number
	Relationship of the Emergency Contact:
Health Card Number and Expiry Date	

FOR OFFICE USE ONLY

Date:	<input type="radio"/> New Membership <input type="radio"/> Renewing Membership	<input type="radio"/> Military <input type="radio"/> Civilian
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Emergency First Aid Authorization

I give permission for my Child _____ to receive Emergency First Aid / CPR as required, to be administered by staff of the Halifax & Region Military Family Resource Centre Youth Centre. I understand that this may involve calling a physician, interpreting and carrying out instructions, and transporting my child to a hospital by ambulance. I understand that this may be done prior to contacting me and that any medical/ambulance expenses will be my responsibility.

Parent's Signature: _____

Date: _____

Please Note:

The only medication that the staff will administer are those medications prescribed by a doctor and in the original container with the child's name, doctors name, date, medication name, amount and time of dosages. For children who have medication, parents must complete a medication form.

Children with severe allergies or asthma that require medication will not be accepted into the program without their Epi-pens and puffers with them each day. They will be checked for expiry dates as well.

PERMISSION

My child may watch videos **up to** the following rating:

- General PG PG14A

My child may play video games **up to** the following rating:

- E (everyone) T (Teen) E10+ (everyone 10+)

I give my consent for my child (ren)'s photo to be taken and displayed at the Youth Centre.

I give my consent for my child (ren)'s photo to be taken and used for promotional materials (i.e. Trident Newspaper, Facebook etc).

Parent's Signature: _____

Date: _____

General Information

Is there anything else that you would like to tell us about your child?

PRIVACY STATEMENT: The information contained on this form is only for the use by the Halifax & Region Youth Centre staff and volunteers.

CENTRE CODE OF CONDUCT

Please read through and make sure you understand this before signing below.

We want you to have a good time at the centre and these basic guidelines are to ensure a safe and enjoyable experience for everyone.

Members who don't follow these guidelines risk losing the opportunities available to them and can have their membership privileges revoked. Parents/Guardians will be contacted when the following guidelines are not adhered to:

- Treat other members, volunteers and staff with respect.
- Treat all equipment with respect and put it away after use, this includes proper use of computers and video games.
- Follow instructions of staff at all times. If there are questions, comments or concerns, please advise a staff at any time.
- Safety is an important part of our activities and facility. We expect you to act responsibly at the youth centre. There is zero tolerance for unsafe behaviour. (Examples: playing in or around a train or the train tracks, climbing the basketball court fence or fence beside the Youth Centre.)
- Zero tolerance for alcohol, drugs, vandalism and stealing.
- Zero tolerance for name calling, swearing or inappropriate language, and bullying.
- Zero tolerance for fighting or any physical violence or harm to self or others.
- Inappropriate images, videos and content found in magazines, books or internet sites are NOT allowed to be viewed at the Youth Centre. (Examples: illegal substances, pictures not appropriate for minors, derogatory and foul language or cyber bullying.)

PARENTAL/GUARDIAN CONSENT

- I give consent for my son / daughter / ward to participate in the activities of the Henderson Sweetman Youth Centre.
- In case of an emergency, I agree to my son / daughter / ward to receive any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present.
- I will inform the Youth Centre if there are any changes to my child's medical circumstances and any other information that may affect my child's participation at the Youth Centre.

Parent's Signature: _____

Date: _____

YOUTH CONTRACT

- I agree to uphold this Code of Conduct set out for my enjoyment and safety while being a member of Henderson Sweetman Youth Centre.
- I understand that these are guidelines and that I should follow the leadership of all staff involved in the Youth Centre at all times.
- I accept that not following these guidelines may affect everyone's experience including my own and that my behaviour may affect my future participation in the Youth Centre.

Youth's Signature: _____

Date: _____