

Youth Centre Membership Form
Please complete the information below to help us ensure safety for all participants

Date:				
Youth - First Name(s)	Last Name	☐ Male	Date of Birth	
		☐ Female	/	
			YY MM DD	
Home Address	City/Town	Postal Code		
Parent/Guardian				
First Names:	Last Name:			
Day Time Telephone:	Cellphone Number:			
Email Address:				
 Do NOT send me emails about 	t upcoming programs			
Parent/Guardian				
First Name:	Last Name:			
Day Time Telephone:	e Telephone: Cellphone Number:			
Email Address:				
 Do NOT send me emails about 	t upcoming programs			
Military Family Member	Military Member's Unit			
☐ Mother ☐ Father				
MED	ICAL DETAILS - EMERGENCY	CONTACT		
Please list any allergies, medical co			Person (different than parent/	
be aware of: *Parents are require conditions, diagnosed disabilities		guardian listed above):		
can make any necessary program				
can actively participate and we can provide the best care and support*		Emergency Telephone Number:		
		Relationship of the E	Emergency Contact:	
Health Card Number and Expiry Date				

HALIFAX SITE Box 99000 STN Forces, Halifax NS B3K 5X5 Tel: (24/7): 902-427-7788

SHEARWATER SITE P.O. Box 298 Shearwater NS B0J 3A0 Tel: (902) 720-1885

CAPE BRETON SITE 1 Desbarres St, Victoria Park Sydney, NS B1P 6Z2 Tel: (902) 563-7100 ext 7107



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EMERGENCY FIRST AID AUTHORIZATION

r 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.					
done prior to contacting me and that any medical ambula	The experieds will be my respensionity.				
Parent's Signature:	Date:				
Please Note: The only medication that the staff will add doctor and in the original container with the child's name amount and time of dosages. For children who have me form. Children with severe allergies or asthma that requiprogram without their Epi-pens and puffers with them eas well.	e, doctors name, date, medication name, edication, parents must complete a medication uire medication will not be accepted into the				

PERMISSION

My child may watch videos up to the following rating:

- General
- o PG
- o PG14

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

- E (Everyone)
- E10+ (Everyone 10+)
- o T (Teen)
- 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. Facebook; Website)

ELEMENTS OF RISK FOR OFF-SITE ACTIVITES

Recreational, off-site activity programs involve a certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. A few examples of the type of accident which one may be at risk for includes falls resulting in: concussion, broken bone(s) or falls on/off public transport. These accidents result from the nature of the activity and can occur without fault on either part of the youth, or the Halifax & Region MFRC or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of the accident occurring.

The chance of an accident occurring can be reduced by carefully following the instructions at all times while engaged in the activity. By signing, you allow your child to participate in recreational, off-site

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that might occur. The Halifax & Region MFRC does n dismemberment or medical expenses insurance on be	not provide any accidental; death, disability,				
I give permission for my child,	to participate in rvision of H&R MFRC staff and volunteers. I				
Signature of Parent/Guardian:	Date:				
GENERAL INFORMATION					
Is there anything else that you would like to tell us ab	oout your child?				

PRIVACY STATEMENT: The information contained on this form is only for the use by the Halifax & Region Military Family Resource Centre 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, stealing and weapons.
- 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.)

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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/Guardian 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 Member Signature:	Date:			

FOR OFFICE USE ONLY

Date:	New Membership		o Military	
	Renewing Membership	0	Civilian	

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