



# Tech Program

## Registration Form

Child's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: P.O. Box: \_\_\_\_\_ Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The program runs every Monday from 6:30 pm- 7:30 pm for ages 8 - 18. The cost is \$5 A session. Register by e-mailing youthcentre@nelson.ca or call 250-352-5656. Please note, space is limited and some dates may not be available depending on registration.

This portion of the form is to be filled out for children and youth day camps and out trips and must be submitted prior to your child starting the program or activity.

Name: Age: \_\_\_\_\_

Emergency Contact Name (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name (2) : \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions your child may have (Allergies, injuries etc...)

**\*\*Please note that the responsibility for taking proper doses of medication cannot be assumed by staff and remains the sole responsibility of the parent\*\***

Family Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

MSP Number: \_\_\_\_\_

My child will: Walk home after Be picked up by a parent/guardian

Who other (other than the parent/guardian listed above) has consent to pick up your child after the program?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is there any other information that will help your child be successful with our programs?

Below is a calender for the available day your child can enroll in the program.

JANUARY 2023						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

FEBRUARY 2023						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

MARCH 2023						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL 2023						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

MAY 2023						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE 2023						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

**PARENT/GUARDIAN CONSENT, AWCKNOWLEDGEMENT OF RISK, WAIVER, RELEASE & INDEMNITY**

**PICK-UP PERMISSION:**

I understand it is my responsibility to communicate to Youth Centre staff any special instructions necessary in respect of the pick-up of my child.

Who other (other than the parent/guardian listed above) has consent to pick up your child after the program?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

My child will: Walk home after  Be picked up by a parent/guardian

**PERMISSION TO UTILIZE PHOTOS AND TESTIMONIALS:**

I hereby authorize the Youth Centre to photograph and/or otherwise record images and/or sounds of or including the child while he or she participates in the activities described above and to freely publish and otherwise make use of as it wishes, without compensation to the Child or anyone else, all such photographic images and other recordings of the Child for purposes of documenting and promoting Youth Centre programs and services.

Examples include: use in program brochures, on photo displays, and through social media such as web posting and video. I understand that names or any other information regarding the identification of the Child would require additional consent.

Yes  No

**Is there any other information that will help your child be successful with our programs?**

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In signing this document and permitting the Child to participate in the Activity, I do not rely upon any oral or written statements, promises or other communications made by the Youth Centre other than that set out in this document. This document will be exclusively governed by and interpreted in accordance with the laws of British Columbia and no court outside British Columbia will have any jurisdiction over this Consent, the Activity, or any of the matters arising from them.

**I HAVE READ AND I UNDERSTAND THIS DOCUMENT**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed for completeness by Staff – Initial: \_\_\_\_\_