

REGULAR PROGRAM REGISTRATION & CONSENT FORM

[STORE FORMS PERMANENTLY IN A LOCKED CABINET]

Information received is confidential and is being gathered for the purposes of serving the participant while in the care of Youth Unlimited YFC Southwestern Ontario. Any medical information collected here serves to authorize Youth Unlimited YFC Southwestern Ontario and its staff and volunteers to obtain medical assistance in emergencies. This form should be completed annually by the Parent/Caregiver if under 18 or by the individual participant if 18 years or older.

Date: _____ Satellite: _____

Participant Name: _____ Date of Birth: _____

Address: _____

Phone #: _____ Secondary Contact #: _____ Email: _____

Emergency Contact Name, Relationship to Participant: _____

Emergency Contact Phone #: _____ Health Card # (Optional): _____

Family Doctor: _____ Doctor's Phone: _____

Allergies: _____

Does the participant have any physical, emotional, mental, or behavioural concerns or limitations that staff should be aware of? YES NO

If yes, please explain: _____

Medical Consent:

I/We authorize the administration of any first aid treatment necessary, and in the case of medical emergency, give permission to the Physician selected by the supervisors to hospitalize and secure proper treatment for the participant as named above. Every effort will be made to contact parents or guardians before such action.

I/We acknowledge that it is my responsibility to take the necessary steps for insuring against personal injury, property damage, or any loss by the participant or by self. I also acknowledge that I must assume total responsibility for ALL medical coverage, accidental insurance and personal injury, or any other loss or damage. I will also pay for the cost to have the participant sent home if he/she is unwilling to comply with the rules.

Communication:

A policy is in effect that communication is to be used solely for the dissemination of information. I/We agree to permit Youth Unlimited YFC Southwestern Ontario staff or volunteers to communicate with the participant via telephone, email, social media or text.

Purposes and Extent:

Youth Unlimited YFC Southwestern Ontario is collecting and retaining this personal information for the purpose of enrolling the participant in our programs, to develop and nurture ongoing relationships and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Youth Unlimited YFC Southwestern Ontario to limit the information collected, or to view the participant's information, please contact us.

Liability Release:

I/we, named below, undertake and agree to indemnify and hold harmless Youth Unlimited YFC Southwestern Ontario, Program Personnel, Youth Unlimited YFC Southwestern Ontario, its trustees, directors, corporation members, servants, agents, volunteers, employees and all program personnel from any and all actions, causes of actions, claims and demands whatsoever whether existing as of this date or in the future; and, against any loss, damage or injury suffered by the participant as a result of being part of the activities of Youth Unlimited YFC Southwestern Ontario, as well as of any medical treatment authorized by the supervising individuals representing Youth Unlimited YFC Southwestern Ontario. This consent and authorization is effective only when participating in events sponsored by Youth Unlimited YFC Southwestern Ontario.

I have read, understood and agree with the above and sign it to cover all Youth Program activities for Youth Unlimited YFC Southwestern Ontario. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

Participant Signature (if 18 years of age or older): _____

Printed Name: _____ Date: _____

ACCEPTABLE TECHNOLOGY USE AGREEMENT

All participants will be required to agree to the following expectations for responsible Internet/Data/Technology/Wifi Use:

1. When using a network or similar I will only use my own login and password which will be kept secret.
2. I understand that I must not bring software into the organization without permission.
3. I am responsible for email that I send and for contacts made. I will only send messages which are polite, sensible and free from unsuitable language.
4. I will ensure that they are carefully written. I will not send any attachments which are hurtful, abusive or offensive.
5. If I receive anything, see anything or come across a website which may be unsuitable or makes me feel uncomfortable I will immediately tell a program leader.
6. I understand that illegal activity, violation of copyrights and obscene or sexually explicit material are prohibited.
7. I understand that I must never give my home address, phone number, send photos, give out personal information, or arrange to meet someone who contacts me over the Internet.
8. I understand that if I deliberately break these rules, I will not be allowed to use the Internet and/or email and that my parent/guardians will be informed.

I understand and will abide by this Acceptable Technology Use Agreement. I further understand that any violation of the regulations above may cause my access privileges to be revoked and may result in appropriate legal action against me.

Participant's Signature (if 18 years of age or older): _____

Participant's Printed Name: _____ Date: _____

PHOTO AND MEDIA AUTHORIZATION

We would like to share with our community the many positive things taking place in our events and programs. However, we want to strike the right balance between getting our message out and respecting the wishes of both the participant and/or parents/guardians who do not want to be photographed, videotaped or their child's name, stories or photo displayed in our newsletters, social media post and websites.

A policy is in effect to protect personal information; images count as personal data under the PIPEDA (Personal Information Protection and Electronic Documents Act). The policy applies to all images and audio content be it still photographs, films or audio clips.

Publications and Media Coverage:

- I consent to the participant being photographed, videotaped or interviewed and their name and image used in publications and/or media coverage for Youth Unlimited YFC Southwestern Ontario related events.
- I do NOT consent to the participant being photographed, videotaped, or interviewed for media purposes.

Website/Social Media

- I consent to the participant's information being used on Youth Unlimited YFC Southwestern websites or social media pages (We will not publish names of minors.)
- I do NOT consent to the participant's photo/image/video image being used on Youth Unlimited YFC Southwestern Ontario websites or social media pages.

I acknowledge that I have read and understand the foregoing prior to signing this Photo and Media Authorization.

Participant's Signature (if 18 years of age or older): _____

Participant's Printed Name: _____ Date: _____

Internal use only. To be completed by the Program Leader:

I have reviewed this form and ensured that all necessary fields were completed.

Program Leader Signature: _____ Date: _____

Program Leader Printed Name: _____

Youth Unlimited YFC Southwestern Ontario is a division of Southwestern Ontario Youth for Christ