



Program Registration Form

Youth's Name: _____ Parent/Guardian: _____

Address: _____ Postal Code: _____

Phone: _____ E-mail: _____

School: _____ Grade: _____

Alberta Health Care Number: _____ Date of Birth: _____

Medical/Behavioural Concerns and History: _____

Emergency Contact: _____

Phone number: _____ Cell: _____

Program: _____ Start Date: _____

Participant Waiver:

I, as parent/guardian of the youth, agree that neither the Stony Plain Youth Centre nor the Town of Stony Plain Family and Community Support Services (FCSS) staff/volunteers will be held legally responsible for any loss, injury or damage suffered by the youth while participating in any Stony Plain Youth Centre activities/programs/fundraisers.

Medical Waiver:

I authorize staff/volunteers of the Stony Plain Youth Centre to have the youth transported to the hospital for any emergency treatment that may appear necessary in the event that I cannot be contacted immediately. I further consent to pay any medical expenses incurred, in respect to the youth, that are not covered by my health insurance plan. It is the responsibility of the parent/guardian to advise staff of any medical concerns or changes.

Parent/Guardian Signature

Date: