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YOUTH PROGRAM REGISTRATION

Youth Information

First name | Last name

Date of birth | Age | Gender | Pronouns

Street # | Street Name | City/Town | Postal Code | Suite/Apt #

Emergency contact (not parents/guardians) | Telephone # | Relation to child

Allergies

Food restrictions

Challenges, disabilities or health concerns

Does your child currently take any medication(s) on a regular basis?

Yes ☐ No ☐ (If yes, please complete separate medication form)

Parent/Guardian Information

Parent/Guardian 1

First name | Last name

Primary telephone # | Secondary telephone # | Email address

Parent/Guardian 2

First name | Last name

Primary telephone # | Secondary telephone # | Email address

Home Safely

We want your youth to arrive home safely every day, please complete the following information. For your youth's safety, we must be notified in writing of any changes.

Please print names of everyone (including parents and siblings) who are allowed to pick up your child:

OR

My youth is allowed to go home on their own. Yes ☐ no ☐

Is there anyone who SHOULD NOT pick up my youth? Yes ☐ no ☐ **Please list the names & relation below:**

IMPORTANT: Please read the following paragraph, sharing of information consent, release and sign below:

I give permission for the above-named youth to participate fully in both on and off-site activities and trips, unless otherwise indicated in writing. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Applegrove staff will attempt to contact me at the telephone numbers listed above. Applegrove will not accept responsibility for such services/treatment. Having taken all reasonable precautions, Applegrove shall not be held responsible for any accident or sickness of this child.

Sharing of information consent

I give permission for Applegrove staff to share information with the Duke of Connaught school staff and Administration for school related inquiries and for school staff to share information with Applegrove staff.

YES ☐ **NO** ☐

Release of liability, waiver of claims, assumption of risks and agreement (please read carefully)

I recognize that my participation in the program/activity for which I register may include a risk to my health or a risk of injury. I hereby willingly assume such health risk or risk of injury for myself or for the person(s) for whom I am in law responsible, and I assume full responsibility before, during and after my/their participation in the program/activity. In consideration of the acceptance of my application and the permission to participate in the program/activity, I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the City of Toronto, all other organizations, associations and companies associated with any of the programs offered by the City of Toronto, and all their respective employees, agents, contractors, consultants, representatives, elected and appointed officials, successors and assigns (all of whom are called the "City Indemnitees") OF AND FROM ALL claims, demands, losses, damages, costs, actions and other proceedings whatsoever, whether in law, statute or equity, in respect of death, injury, loss or damage to me or my property, howsoever caused, except to the extent caused by or attributable to the negligent or intentional acts of the City Indemnitees, arising or to arise by reason of my participation in the program or any of its associated activities.

I ACCEPT ☐

_____ _____

Signature Date

The Board of Management of Applegrove Community Complex collects personal information on this form under the legal authority of the City of Toronto Act, 2006, S.O. 2006, Chapter 11, Schedule A, sections 136 and 143, former City of Toronto Municipal Code Chapter 25, Community and Recreation Centres, and the Relationship Framework between the Association of Community Centre Boards of Management and the City adopted at the City Council meeting on September 25, 26 and 27, 2006 (see Clause 17, Report No. 7 of the Policy and Finance Committee). The information is used to process your application for program participation, to provide a safe and healthy program environment and to contact an emergency contact person in the event of an emergency; the registration of individuals in programs and, payment or reimbursement of fees; collection of outstanding fee amounts; aggregate statistical reporting, contacting clients regarding upcoming programs, and additional mailings, including newsletters/surveys and email notifications and receipt transactions. Questions about this collection can be directed to Applegrove Executive Director, 60 Woodfield Road, Toronto, Ontario M4L 2W6 416-461-8143.

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MULTIMEDIA RELEASE

Program/event: **Applegrove Youth Programs**

First Name		Last Name	
Street Number	Street Name		Suite/Unit Number
City/Town	Province	Postal Code	Telephone Number

Other persons for whom permission is being given (your child(ren))

First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name
First Name	Last Name	First Name	Last Name

I give Applegrove Community Complex (Applegrove) permission to photograph, videotape, audiotape and/or interview either myself, or the person(s) on whose behalf I am giving permission named above ("the recordings"), and to publish the recordings in Applegrove publications/materials, including marketing and promotional materials, and the Applegrove official website, both now and in the future.

The recordings shall constitute the exclusive property of Applegrove and may be reproduced by Applegrove and anyone it has authorized, without compensation or payment to the individual(s) being recorded or any other person.

If I am providing the permission on behalf of someone other than myself, I warrant that I have the authority to do so.

☐ I consent ☐ I do not consent

Signature: _____ Date: _____

The personal information on this form is collected under the legal authority of the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, sections 8 and 136 (c). The information is used to obtain consent to reproduce and publish photograph/videotape/audiotape/film/interview in Applegrove CC publications/materials, including marketing and promotional materials, and the Applegrove CC official website. Questions about this collection may be directed to Susanne Burkhardt, Executive Director, Applegrove Community Complex, 60 Woodfield Rd., Toronto M4L 2W6, or phone 416- 461-8143.

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MEDICATION ADMINISTRATION FORM

To be filled in by a parent or guardian

Child's name: _____

Name of medication: _____

Date of prescription: _____

Dosage: _____

Time(s) to administer: _____

_____

What to do in case of missed dosage:

_____

_____

What to consider when giving medication: **(i.e. take before or after meal, not to be given with dairy products)**

_____

_____

Possible side effects:

_____

_____

Where should medication be stored: **(i.e. in the fridge, in a cool dark place, must be kept room temperature)**

_____

Doctor's name: _____ **Doctor's Phone #:** _____

Will your child administer their medication on their own? YES ☐ NO ☐

If so, will they need a reminder? YES ☐ NO ☐

_____ _____ _____

Parent/Guardian's Name Signature Date

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