



REGISTRATION FORM

Participant Information (PLEASE PRINT CLEARLY)

First Name _____

Last Name _____

Date of Birth* (MM/DD/YY) _____

Grade/School _____

Gender _____

Allergies/Dietary Needs _____

Medical Conditions _____

*The Town of Blackfalds requires this information to verify that your youth's age corresponds with the age group of this program

Parent/Guardian Information (PLEASE PRINT CLEARLY)

Parent/Guardian First Name _____

Last Name _____

Address 1 _____

Address 2 _____

Town/City _____

Province _____

Home Phone _____

Cell Phone _____

Email _____

Emergency Contact Information (PLEASE PRINT CLEARLY) *Must be someone other than parent/guardian*

Emergency Contact Name _____

Relationship to Youth _____

Emergency Phone # _____

PLEASE TURN OVER... →

WAIVER/CONSENT FORM

I and said youth do hereby agree that I and said youth assume all risk of personal injury, death or property loss resulting from any cause whatsoever, including, but not limited to the inherent risk involved with the Town of Blackfalds Community Service Department programs, collision with natural or manmade objects or with other persons, or from the negligence, breach of contract, or breach of statutory duty of care on the part of the Town of Blackfalds, the Blackfalds & District Recreation, Culture and Parks Board, the Community Services Department Staff, their supervisors and instructors, directors, officers, employees, contractors, and agents (hereinafter collectively referred to as "the Town").

I and said youth do agree that the Town shall not be liable for any personal injury, death, or property loss from any cause of nature whatsoever, including but not limited to, the negligence of the Town, and hereby release the Town, and waive any and all claims with respect thereto.

I and said youth agree that any litigation involving injuries, death or property loss arising out of said youth's participation in the Town programs shall be brought within the province of Alberta and that any and all rights, duties and obligations as between I and said youth and the Town shall be governed by and interpreted in accordance with the laws of Alberta.

Media Consent

I and said youth, UNDERSTAND photographs and/or video and/or audio recordings of me may be circulated widely and that, if posted on the Town of Blackfalds and other websites, they will be available to the public.

I and said youth further understand that the Town of Blackfalds has no control over, and is not responsible for, the use or misuse of materials including my photograph and/or video and/or audio recordings of me.

FOR THE PURPOSE STATED ABOVE, I and said youth, CONSENT to be photographed and/or to be video and/or audio recorded by the Town of Blackfalds or its authorized representatives.

I and said youth, ALLOW the Town of Blackfalds and its representatives to use, reproduce, publish, transmit, distribute, broadcast and display any photograph and/or video and/or audio recording that contains my image and/or voice along with my name in any Town of Blackfalds publication, multimedia production, video, CD-ROM, DVD, display, advertisement and/or on the municipality's website or other social media web sites without further notice or my approval of finished photographs and/or video and/or audio recordings.

I can, at any time, opt out of this media consent by providing written notice to the Communications at the Town of Blackfalds.

Please indicate your choice:

Yes No

BYC Closures

Blackfalds Youth Crew reserves the right to close due to unforeseen circumstances which may include but are not limited to; staff shortages, emergency situations or inclement weather. In the case of a closure the Youth Programmer will notify schools to make an announcement and post information on social media sites (Facebook.)

Due to BYC operating as a drop in program staff do not hold the authority to keep youth members at program; youth may come and go as they please.

Youth Statement of Responsibility

I understand that it is my responsibility to abide by the boundaries and expectations set forth for Blackfalds Youth Crew participants. The program is structured around respect. Respect others, yourself and the environment. I understand that my failure to abide by these expectations may result in me being asked to leave the facility. This decision is made at the sole discretion of the staff at BYC.

Youth Signature

Date (MM/DD/YY)

Parent / Guardian Signature

Date (MM/DD/YY)

This information is collected under the authority of the Municipal Government Act and The Freedom of Information and Protection of Privacy Act, Section 33. This information will be used solely to organize the program. Any questions related to the collection and use of this information should be referred to the FOIP Coordinator at 403.885.4677.

