



Burnaby  
**Neighbourhood House**  
*Youth Leadership Programs*  
**Registration Form**

**PROGRAM: (circle one)**

**Foundations    Leadership 1    Leadership 2    Youth Volunteer**

<b>For Office Use Only:</b>
Interviewed by: _____
Security Check Result: _____
Date: _____
Reference Check: _____
Placement: _____
Comments: _____

**Personal Information:**

First Name:	Last Name:	Gender	Date of Birth	Age
Address:		Phone Numbers:		
City:	Postal Code:	Cell:		
Email:		Home:		
Parent/Guardian Name	Daytime Phone	Cell Number:		
1.	1.	1.		
2.	2.	2.		
Parent's Place of Employment:		2.		
1.				
Emergency Contact Name (Other than parent):		Emergency Contact Number:		
School:	Grade:	Teacher Contact (Career Counsellor):		
Doctor's Name:	Phone:	Care Card Number BC Medical #		
Country of Origin:	1 <sup>st</sup> Language:	2 <sup>nd</sup> Language:		

**Medical Information:**

The purpose of the Medical Information is to obtain information that will help us ensure that your child has a safe and pleasant experience.

<b>Health problems, physical disability, emotional difficulty or allergies (insect, drug, food) that I/we should be aware of:</b>	
Physical Condition: _____	Limitations: _____
Do you I/wear contact lenses or a hearing aid: YES    NO    If yes, which: _____	
Vaccination up to date: _____	
Diet Restrictions (no beef, vegetarian, etc.) : _____	

My child is subject to:    ASTHMA <input type="checkbox"/> BEE STING ALLERGY <input type="checkbox"/>		
<b>Chronic condition or illness, i.e. high blood pressure, heart condition, epilepsy, diabetes, dislocation, susceptibility to cold, headaches, nosebleeds, fainting, asthma, hay fever, emphysema or other:</b>		
_____		
<b>Are you on any prescription drugs or medications:</b>		
	<b>YES</b>	<b>NO</b>
Medication	Dosage	When
Administered		

Volunteer position(s) you are applying for \_\_\_\_\_

Available which days & times \_\_\_\_\_

**Release & Waiver of Liability Form**

I/we have read, and am willing to accept the Objectives of the Burnaby Neighborhood House (B.N.H). Leadership Program as described on the program package. I/we agree that our son/daughter will follow all reasonable instructions and directions of the coordinator and instructors duly appointed by Burnaby Neighbourhood House Society (B.N.H.). I/we understand the risks and description of activities associated with the Youth Leadership Programs. I/we hereby release, remise and forever discharge B.N.H. its agents or volunteers of and from all manners of action, claims and loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by B.N.H. I/we have completed an up-to-date medical form and agree to inform B.N.H. staff of changes affecting its accuracy In the event that our son/daughter is injured, ill, or in need of medical attention and I am unable to be contacted I authorized B.N.H. staff to seek medical attention on my behalf. I/we authorize my son/daughter to participate in all activities associated with the Leadership Program including trips outside the centre. I/we understand that my child will be supervised by a responsible BNH staff person during these trips and that he/she will travel in either a licensed vehicle or public transit.

I/we understand that I/my son/daughter will be dismissed immediately for: use of illicit drugs or alcohol while taking part in agency sponsored activities. harassment, physical aggression, including threats directed toward other participants, staff, volunteers or campers/families profanity and verbal abuse directed toward others, or becomes unwilling to follow the reasonable direction given to them by B.N.H. staff.

I/we understand that Provincial criminal record search is required for volunteer/work positions with the Neighborhood House childcare programs.

I/we understand by signing this form, I/we become members of B.N.H. Society. operated by B.N.H.

PARTICIPANT Name (please print): \_\_\_\_\_ SIGNED \_\_\_\_\_

If individual applying for membership is under 19 years of age, please include parent's signature.

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

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

<p><b><u>For Office Use Only:</u></b> Reference:</p>
--