



# LEADERSHIP

## Youth Programs Registration Form

South : Foundations  Leadership 1

Leadership 2  Youth Volunteer Only

North : Community Youth Leadership  Youth Volunteer Only

<p><u>For Office Use Only:</u>          Interviewed by: _____          Criminal Record Check <input type="checkbox"/>          CRC Expiry: _____          Reference Checked <input type="checkbox"/>          Fees Paid <input type="checkbox"/> Cash <input type="checkbox"/> Cheque          Date: _____          Subsidized YES <input type="checkbox"/> NO <input type="checkbox"/>          Photos Date YES <input type="checkbox"/> NO <input type="checkbox"/>          T-Shirt <input type="checkbox"/> T-shirt Deposit _____          L1 Only: Placement Location:          SACC _____          CAMP _____          Enrolled M/D/YYYY: _____</p>
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### Personal Information:

First Name:	Last Name:	Gender	Date of Birth	Age
Address:		Phone Numbers		
City:	Postal Code:	Youth's 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 Counselor):		
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 youth has a safe and pleasant experience.

<p align="center"><b>Health problems, physical disability, emotional difficulty or allergies (insect, drug, food) that I/we should be aware of:</b></p> <p>Physical Condition: _____ Limitations: _____</p> <p>Do you I/wear contact lenses or a hearing aid: YES NO If yes, which: _____</p> <p>Vaccination up to date: _____ (If volunteering in Child Care, please see additional form.)</p>
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Diet Restrictions (no beef, vegetarian, etc.) : \_\_\_\_\_

My child is subject to:    ASTHMA     BEE STING ALLERGY

**Chronic condition or illness?**

*i.e. high blood pressure, heart condition, epilepsy, diabetes, dislocation, susceptibility to cold, headaches, nosebleeds, fainting, asthma, hay fever, emphysema, etc:*

**Are you on any prescription drugs or medications:**

Medication	Dosage:	When: Administered:
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Volunteer only: Position(s) you are applying for: \_\_\_\_\_

References: \_\_\_\_\_ Phone #: \_\_\_\_\_

References: \_\_\_\_\_ Phone # \_\_\_\_\_

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

I will need a subsidy:    YES    NO    Reason: \_\_\_\_\_

**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 B.N.H. 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. We authorize B.N.H. to use any photographs taken of our son/daughter in B.N.H. brochures and promotional materials. 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): \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

*Our Mission is to make neighbourhoods better places to live.*

South: 4460 Beresford St. Burnaby, BC V5H 0B8 P: 604-431-0400 youth@burnabynh.ca  
North: 4908 Hastings St. Burnaby, BC V5B 1P6 P: 604-294-544 youthnorth@burnabynh.ca  
www.burnabynh.ca

