



(APPENDIX "E" – HEALTH AND SAFETY POLICY)

## CHILD & YOUTH PROGRAM REGISTRATION FORM

### PERSONAL INFORMATION

First Name:

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Date of birth (mm/dd/yyyy):

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Address:

---

City:

---

Province:

---

Last Name:

---

Age:

---

School attended:

---

Postal code:

---

Home Phone No.:

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Is it okay to leave a message at this no.?

☐ Yes ☐ No

Cell Phone No.:

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Is it okay to leave a message at this no.?

☐ Yes ☐ No

Email:

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Do you have any special needs or require any additional support (medical, behavioural, physical)?  
If yes, please explain:

Allergies:

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## PARENT/LEGAL GUARDIAN INFORMATION

You reside with:

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### PARENT/LEGAL GUARDIAN 01

First Name:

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Home Phone No.:

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Cell Phone No.:

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Email:

---

Relationship:

---

Last Name:

---

Is it okay to leave a message at this no.?

☐ Yes ☐ No

Is it okay to leave a message at this no.?

☐ Yes ☐ No

### PARENT/LEGAL GUARDIAN 02

First Name:

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Home Phone No.:

---

Cell Phone No.:

---

Email:

---

Relationship:

---

Last Name:

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Is it okay to leave a message at this no.?

☐ Yes ☐ No

Is it okay to leave a message at this no.?

☐ Yes ☐ No



**EMERGENCY CONTACT INFORMATION**  
(COMPLETE IF DIFFERENT THAN PARENT/LEGAL GUARDIAN)

**CONTACT 01**

First Name:

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Relationship:

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Home Phone No.:

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Last Name:

---

Cell Phone No.:

---

**CONTACT 02**

First Name:

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Relationship:

---

Home Phone No.:

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Last Name:

---

Cell Phone No.:

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☐ I confirm that the information given within this form is true and accurate.

\_\_\_\_\_  
Signature of the youth/parent/legal guardian

\_\_\_\_\_  
Date (mm/dd/yyyy)

(APPENDIX "C" – COMMUNICATION AND SOCIAL MEDIA POLICY)

## ORLÉANS-CUMBERLAND CRC MEDIA CONSENT FORM

**(TO BE COMPLETED FOR PARTICIPANTS UNDER 16 YEARS OLD)**

I give permission to the Orléans-Cumberland Community Resource Centre (OCCRC) [includes staff and anyone working on behalf of OCCRC] to take pictures or record both sound and picture of my child or youth while at the OCCRC, during Centre programs and community events.

I also give permission to the OCCRC to use the information (pictures or videos recorded with both sound and picture of my child or youth) to:

- ✓ publish in our newsletter;
- ✓ post on our website;
- ✓ post on our social media;
- ✓ use for Centre presentations; or
- ✓ use for Centre events.

| Name of adult, child, youth being photographed/filmed | If individual is under 16, the name of the parent/guardian |
|---|--|
| ONE NAME PER LINE — PLEASE PRINT                      |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

It is understood that the publication of the pictures or videos will be done by OCCRC staff only.

We will make every effort to ensure that we do not allow images to be taken of any child or youth for whom we do not have permission or who are 'at risk' or disallowed from having their photographs taken for legal or social reasons.

We will take all reasonable measures to ensure the images are used solely for the purposes for which they are intended. However, we cannot guarantee this and take no responsibility for the way images are used once they are published.

☐ I have read and understood the media consent form.