

Youth Centre Participant Form

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Programming at the West Perth Youth Centre is brought to you by the Municipality of West Perth and staff/volunteers from Youth Unlimited YFC Mitchell. This form is to be completed for all youth who attend the West Perth Youth Centre and its activities and programs.

Participant Name: _____

Participant Birthdate: _____

Participant Grade: _____

Participant Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: () - _____

Contact Email: _____

Medical Conditions & Allergies

Please state any medical conditions or allergies of the participant that our staff should be made aware of.

Photo & Video Release Waiver

I hereby grant "The Corporation of the Municipality of West Perth" (The Municipality) and "Youth Unlimited YFC Mitchell" (YFC) the irrevocable right to collect, use, and publish my / my child's name / photograph / image / audio recording / video recording / and likeness for the purpose of promoting the Municipality and YFC, and their programs/activities. The type of promotion include, but are not limited to online internet websites, social media, and any other publications, as released to or by the Municipality or YFC. I understand that the Municipality and YFC cannot control unauthorized use of my / my child's image by persons not associated with the us once my child's image has been published. I hereby voluntarily forever waive any right to inspect or approve any publication of my / my

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child's image by the Municipality or YFC. The Municipality of West Perth adheres to all applicable provisions of the Municipal Freedom of Information and Protection of Privacy Act. I have carefully reviewed and understand the above provisions and agree to be bound by them.

Please Select One:

- Yes, I consent
- No, I do not consent

Participation Waiver

While every precaution is taken for participant safety and good health, some sports and activities carry with them the inherent risk of personal injury. I/we understand and accept these risks and agree that by allowing the participant to participate in those activities, he/she may be taking part in a recreational activity that presents the potential for personal injury.

- YES

Parent/Guardian Name: _____

Parent / Guardian Signature: _____