



UTown@UBC Youth Fit Program Registration and Consent Form

Personal information contained on this form is collected in confidence under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will only be used for purposes related to the operation of the "UTown@UBC Youth Fit Program". If you have questions about the collection and use of this information, please contact Gabriella Scali, Community and Online Engagement Coordinator, Campus and Community Planning by email at gabriella.scali@ubc.ca, by phone at 604.822.2278 or by mail at 3331-2260 West Mall, Vancouver, BC Canada V6T 1Z4.

First Name of Youth: _____ Preferred Name of Youth: _____

Last Name of Youth: _____ Birth Date (mm/dd/yy): _____ / _____ / _____

Current School Year: _____ (e.g. Grade 10) T-shirt size (s/m/l/xl): _____ Gender: _____

Email Address of Youth: _____

Cell Phone Number of Youth: _____

I have reviewed the description of the UTown@UBC Youth Fit Program and possible activities (available at utown.ubc.ca/youthfit and feel that I have sufficiently informed myself about the nature of this program and the activities involved. **I acknowledge that there is some risk of injury involved in my child's participation in the program, and I acknowledge and accept these risks. I waive and release all right of claim for damages of any sort or any other claim or remedy of any sort I or my child may have against The University of British Columbia ("UBC") in connection with my child's participation in the UTown@UBC Youth Fit Program.** I also acknowledge that if I am uncertain about any of the risks associated with my Child's participation in the UTown@UBC Youth Fit Program, it is my responsibility to inform myself of those risks prior to signing this form.

My child and I have read and understand the **Appropriate Behaviour Agreement** (included in Welcome Letter), and agree that we will follow the Appropriate Behaviour Agreement while participating in the UTown@UBC Youth Fit Program. I understand that this policy is for the safety of my child and all children participating in the UTown@UBC Youth Fit Program. I understand that if my child fails to comply with the terms and conditions of the Appropriate Behaviour Agreement, he/she may be removed from the UTown@UBC Youth Fit Program.

I give permission for any staff member of the UTown@UBC Youth Fit Program to administer first aid treatment to my child. I will be responsible for any medical or other charges in connection with his/her treatment.

Photo Release: I agree to allow UBC to take photos or videos of my child and to reproduce the likeness of my child, no names to be used, in promotional materials, including brochures, websites and audio-visual productions.

Yes, I agree or No, I do NOT agree

The program run time is from 5:00-7:00 pm Mondays, and from 3:30pm-5:30 pm Saturdays (May 11-June 18, 2015). Participants will be required to arrange their own transportation to and from the meeting location, which will change based on the activity. UTown@UBC Youth Fit staff and volunteers are not able to provide transportation for participants.

I hereby consent to my child's participation in the UTown@UBC Youth Fit Program by signing where indicated below.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Relationship to youth: _____

Address: _____

Email: _____

Phone: (home) _____ (work) _____ (cell) _____

\$50 REGISTRATION PAYMENT*

Cash (in person):

University Neighbourhoods Association (UNA) residents may also pay for registration in the following ways:

Debit (in person)

Visa / MasterCard: Card #: _____ Expires (mm/yy): _____

*\$50 applies to residents of UTown@UBC. Registration fee for the public is \$100. Fee is non-refundable.

EMERGENCY CONTACT INFORMATION

1) Emergency Contact: _____ Relationship to participant: _____

Phone: (home) _____ (work) _____ (cell) _____

2) Emergency Contact: _____ Relationship to participant: _____

Phone: (home) _____ (work) _____ (cell) _____

List any medications, medical conditions and/or allergies:

MEDICAL INFORMATION (BC Residents)

Family Doctor: _____ BC Care Card #: _____

Phone: (office): _____ (pager/cell) _____

MEDICAL INFORMATION (new residents or persons re-establishing residence in B.C.)

Medical #: _____ Province: _____

Travel Insurance Provider: _____

**Note: Proof of provincial or travel insurance must be provided before start of the Program

Please drop off this form with registration payment as follows:

- **Residents of Acadia Park:** Acadia Park Commons Block, 2707 Tennis Crescent
- **UNA residents:** Old Barn Community Centre, 6308 Thunderbird Blvd

Form must be received no later than May 4, 2015 at 4:30pm.