



A TURNING POINT
FOR WOMEN



Registration Form

Name: _____ Date of Birth: _____

Grade: _____ School: _____

Parent/Guardian Name: _____

Address: _____

Phone Number (home): _____ Phone Number (work): _____

Emergency Contact (If different from above): _____

Relationship: _____

Phone Number (home): _____ Phone Number (work): _____

The YWCA of Lethbridge and District only requires the information necessary to provide a safe environment. Please do not include any other personal information that does not respond to these immediate safety needs.

Known allergies or conditions that should be known by the club leaders: yes no

Please List:

Alberta Health Care Number: _____

Doctor Name: _____



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Youth Consent to Participate

I, _____, am committed to joining the YWCA Girl's Club and consent to be a participant. I provide this consent knowing I need to attend on a regular basis, hold the confidence of other members (not to talk about personal issues that members may bring up outside of group). I provide this consent having adequate knowledge of the activities of the Girl's Club, and do so freely with the understanding that I may give or revoke consent at any time.

Signature of Youth

Date

Signature of Witness

Date

Note: If consent is revoked, please do so in writing.

Parental/Guardian Consent

I, _____, having a legal responsibility for _____. Give consent for _____, to be a participant in the YWCA of Lethbridge and District's Girl's Club. I provide this consent having adequate knowledge of the activities of the Girl's Club, and do so freely with the knowledge that I may give or revoke consent at any time.

Signature of Youth

Date

Signature of Witness

Date

Note: If consent is revoked, please do so in writing.

Consent to participate in the Girl's Club is required by both the youth and the parent/guardian with legal authority.



Consent – Response to Emergency

In the unlikely case of a medical emergency and the contact person is unavailable, I _____, being the legal parent/guardian of _____, authorize the staff of the YWCA of Lethbridge and District to provide _____ with the required medical care. I provide this consent freely with the knowledge that I may give or revoke consent at any time.

Signature of Legal Parent/Guardian

Date

Signature of Witness

Date

Note: If consent is revoked, please do so in writing.