

100 Teens Who Care Oakville

Registration and Participant/Parental Consent Form

Please note that the information on this form is being collected and used solely for organizers and members of 100 Teens Who Care Oakville, to enable communication with members regarding 100 Teens Who Care Oakville events. Personal information collected on this form, including e-mail addresses and phone numbers, will not be disclosed to third parties or used for other purposes without your consent.

Registration

Name of Youth _____

Date of Birth ____/____/____

Address _____

_____ Postal Code _____

Youth Gender: Male / Female (Circle Appropriate)

Youth Email Address _____

Youth Home Phone Number _____

Youth Cell Number _____

Emergency Contact Details - In the event of an emergency relating to your son/daughter, please provide information below which we can use to contact you.

Adult Emergency Contact Name _____

Relationship to Youth _____

Emergency Contact Telephone Number _____

Medical Information - Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

We will be using Social Media: Facebook, Twitter, Snapchat, Instagram and other social media may be used to contact you/your child about events relating to this group and the promotion of this group. These accounts will not be used after 10pm and all conversations on it are logged.

Participant and Parental/Guardian Consent

I wish to participate in 100 Teens Who Care Oakville and the activities run by the group. 100 Teens Who Care Oakville has my permission to:

1. Take photographic, audio and video images of me/my child and use the images publicly to promote 100 Teens Who Care Oakville. I understand that the images may be used and distributed in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me/my child by reason of such use;
2. Communicate with me/my child through text messages and email for general purposes, including for the purposes of providing information about 100 Teens Who Care Oakville, advertising events, arranging meetings, gauging interest for particular events and replying to messages from me/my child. I understand that most e-mail will also be sent to an adult so that appropriate use of e-mail is maintained and monitored.

To be executed by Youth if youth is 18 years of age or over:

I wish to participate in 100 Teens Who Care Oakville and the activities run by the group, and consent to the above provisions.

Name _____ Signature _____ Date ___/___/___

To be executed by Parent/Guardian if youth is under 18 years of age:

I agree to my son/daughter participating in 100 Teens Who Care Oakville and the activities run by the group, and consent to the above provisions.

Name _____ Signature _____ Date ___/___/___