



HENDERSON SWEETMAN YOUTH CENTRE MEMBERSHIP

Youth's Information

Legal Name:		Date of Birth: (YYYY/MM/DD)	
Preferred Name:		Preferred Pronoun:	<input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> Ze <input type="checkbox"/> They <input type="checkbox"/> Other: _____
Provincial Health Card Number:		Expiry Date:	

CAF Member Information

CAF Member's Name:		Contact Number:	
Relationship:		Email:	
1st Initial last name / Last 3 digit of Service #:		Unit:	
<input type="text"/>	<input type="text"/>	Postal Code:	<input type="text"/>

Secondary Caregiver

Name:		Contact Number:	
Relationship:		Email:	

Emergency Contact Information

Person other than those listed above, must live in HRM

Name:		Relationship:	
Contact Number:			

How did you hear about the Henderson Sweetman Youth Centre?

- Program Guide
 H&R MFRC Staff
 Website
 Social Media
 Other (please specify): _____

HALIFAX SITE
6393 Homefire Crescent, WP106
Halifax, NS B3K 5X5
Tel (24/7): 902-427-7788

SHEARWATER SITE
30 Provider Road, SH 14
Shearwater, NS B0J 3A0
Tel: 902-720-1885

CAPE BRETON SITE
1 Desbarres St, Victoria Park
Sydney, NS B1P 6Z2
Tel: 902-563-7100 ext 7107



MEDICAL INFORMATION

Families are requested to disclose unique needs, exceptional circumstances or diagnosed disabilities to ensure appropriate supports are in place to maximize participation in all programs.

I give permission for my child to receive Emergency First Aid/CPR as required, to be administered by staff of the H&R MFRC. I understand that this may involve calling a physician, interpreting and carrying out instructions, and transporting my child to a hospital by ambulance. I understand that this may be done prior to contacting me and that any medical/ambulance expenses will be my responsibility. Children with severe allergies or asthma that require medication will not be accepted into the program without their Epi-pens and puffers with them each day. They will be checked for expiry dates as well.

- Yes No

CONSENT & PERMISSION

I give consent for my child to participate in the activities of the H&R MFRC Henderson Sweetman Youth Centre. I understand that this may include offsite excursions & trips where public transportation may be taken.

- Yes No

I give my child consent to walk and/or bike to the Youth Centre.

- Yes No

My child may watch movies **up to** the following rating:

- General (G) Parental Guidance (PG) Parental Guidance 14+ (PG14)

My child may play video games **up to** the following rating:

- Everyone (E) Everyone 10+ (E10+) Teen (T) Media

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CODE OF CONDUCT

The guidelines outlined in this form and below are to ensure that the Henderson Sweetman Youth Centre is a safe and enjoyable space for all attendees.

Members who don't follow these guidelines risk losing the opportunity to attend the Henderson Sweetman Youth Centre. Caregivers will be contacted when the following guidelines are not adhered to:

- Treat everyone with respect.
- Treat all equipment with respect and put it away after use.
- Follow instructions of staff at all times – staff are always happy to answer questions.
- We expect you to act safely and responsibly – playing near the train tracks or the road.
- Zero tolerance for alcohol, drugs, vandalism, stealing and weapons.
- Zero tolerance for name calling, swearing or inappropriate language, and bullying.
- Zero tolerance for fighting or any physical violence or harm to self or others.
- Inappropriate images, videos and content found in magazines, books, internet sites or on cellphones are NOT to be viewed at the Youth Centre.
- Youth are to remain at the Youth Centre until picked up by a parent/guardian. Staff are not responsible for preventing youth from leaving the Youth Centre or for supervising youth outside of the Youth Centre (excluding off-site programming).

Youth Signature:		Date: (YYYY/MM/DD)	
Caregiver Signature:		Date: (YYYY/MM/DD)	

H&R MFRC PRIVACY CODE

The information on this form will be kept confidential and used only for the purpose for which it is collected within the H&R MFRC. All personal information is collected and used in accordance with the Privacy Act and the MFSP Privacy Code.

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PHOTO RELEASE

I consent to my image/the image of my children, being photographed or videographed by employees, or volunteers, of the Halifax & Region Military Family Resource Centre (H&R MFRC).

In providing consent, I understand that these photos and videos may be reproduced for any H&R MFRC purpose including, but not limited to:

- Publication in the Trident Military Newspaper
- Display at public forums such as exhibitions and special events
- Posters promoting the H&R MFRC
- Brochures, signage, Facebook, website and other H&R MFRC promotional material
- Media, sponsorship and publicity opportunities for Halifax & Region MFRC

I further understand that no royalty, fee or other compensation will become payable to me/ my children, by reason of above such use.

Signature: _____

***MUST BE 18 YEARS OF AGE, OR OLDER**

First and Last name: _____

Children's' Names (first and last):

***AUTHORIZATION CAN ONLY BE PROVIDED BY LEGAL GUARDIAN OR PARENT**

1) _____

2) _____

3) _____

4) _____