EDMONTON MILITARY FAMILY RESOURCE CENTRE

Youth Programs Registration Package

PARTICIPANT INFORMATION

First Name	Last Name	Pronouns

Relationship to Military/Veteran Member

Preferred Language

☐ English ☐ French ☐ Bilingual EN/FR

Date of Birth (YYYY/MM/DD)

Mailing Address

How did you hear about this program/service? (Please only choose one option)

☐ Social Media ☐ MFRC Staff Member ☐ Website ☐ MFRC E-newsletter
☐ MFRC Booth/Presentation ☐ Word of Mouth ☐ Community Guide/Flyer/Poster ☐ School
☐ Base/Unit/Wing ☐ Clearing In/Out Process ☐ DAG Process
☐ Other Organization (please specify): _____
☐ Other (please specifiy): _____

MILITARY/VETERAN PARENT/GUARDIAN MEMBER INFORMATION

First Name	Last Name	Pronouns

Is this the primary contact?

☐ Yes ☐ No

Unit	Unique Membership Number (Last 3 Digits of Service Number)

☐ Current-serving Military Family ☐ Veteran Family ☐ Defence Community ☐ Other

Preferred Language

☐ English ☐ French ☐ Bilingual EN/FR

Personal Email Address	Primary Phone	Secondary Phone

Preferred Method of Contact

☐ Email ☐ Primary Phone ☐ Secondary Phone Can we leave a voicemail? ☐ Yes ☐ No

Mailing Address (Street, City, Province, Postal Code)

☐ Same as child (if different from child, please fill in the address below)

Youth Programs Registration Package

OTHER PARENT/GUARDIAN INFORMATION

First Name	Last Name	Pronouns

Is this the primary contact?

☐ Yes ☐ No

Preferred Language

☐ English ☐ French ☐ Bilingual EN/FR

Personal Email Address	Primary Phone	Secondary Phone

Preferred Method of Contact

☐ Email ☐ Primary Phone ☐ Secondary Phone Can we leave a voicemail? ☐ Yes ☐ No

Mailing Address (Street, City, Province, Postal Code)

☐ Same as child (if different from child, please fill in the address below)

If you are also a CAF Member

Unit	Unique Membership Number (Last 3 Digits of Service Number)

☐ Current-serving Military Family ☐ Veteran Family ☐ Defence Community ☐ Other

EMERGENCY CONTACT (IN CASE THE PARENT/GUARDIAN CANNOT BE REACHED)

First Name	Last Name	Primary Phone

* Please note, the contact listed above is authorized to pick up the child in case of an emergency during or after the program.

AUTHORIZED TO PICK UP YOUTH

First Name	Last Name	Primary Phone

First Name	Last Name	Primary Phone

PROGRAMS YOUTH TO ATTEND

MFRC Youth Programs (Please check those that are of interest)

☐ Kids Connection Corner (ages 6-8) ☐ Youth Explore Zone (ages 9-12) ☐ Discover You (ages 11-15)
☐ Teen Take Over (ages 13-17) ☐ Youth Drop In (ages 6-17)

*Fees are based on a program-to-program basis. Please refer to CFMWS.ca/Edmonton/MFRCPrograms for details on any applicable costs associated with each program.

Would you like to subscribe to receive the monthly child and youth program calendar?

☐ Yes ☐ No Preferred Email:

Youth Programs Registration Package

INCLUSION POLICY

Youth come from various backgrounds (racial, ethic, social, economic, linguistic, religious, sexual orientations, etc.) The MFRC strives to ensure a welcoming environment for all.

If a youth requires extra support, the Family Navigator - Child & Youth and Youth Program Staff can work together with them, their families and appropriate supportive community agencies or resources as required to maximize the youth's experiences and their individual potential.

HEALTH BACKGROUND

The MFRC strives to ensure a welcoming environment for all – as such we welcome all youth to participate in our Youth Programs. Any information provided can help staff be aware of any triggers, areas of concern, comfort and how best to work with the needs or abilities of the youth to maximize the youth's experiences.

Please list any allergies, medical conditions, and/or any behaviour/development challenges the youth may have:

_____

_____

Please describe youth's medical condition (if applicable):

_____

_____

What should Youth Program Staff know about your youth that may affect their participation in the program? (e.g. behaviours your youth may exhibit, limitations your youth may have, accommodations that may be needed).

_____

_____

Is there any other information or instructions that may help our Youth Program Staff better support your youth in our programs?

_____

_____

Does the youth require any medication?

☐ Yes - is taken at home ☐ No

Name of Medication: _____

Reason: _____

Youth Programs Registration Package

ALLERGY INFORMATION

What would cause the youth to react?

- ☐ Touch (direct physical contact with allergen)
- ☐ Indirect Contact (contact with or being around someone who has consumed or handled the allergen, or contact with a surface that has come into contact with the allergen?
- ☐ Ingestion (oral consumptions of the allergen)

What reactions has the youth had in the past?

Anaphylatic:

- ☐ Trouble breathing or swallowing
- ☐ Loss of consciousness
- ☐ Light-headedness
- ☐ Pale or blueish skin
- ☐ Significant swelling of the tongue lips
- ☐ Hives over face or body
- ☐ Severe vomitting or diarrhea

Other:

- ☐ Wheezing
- ☐ Abdominal cramping/pain
- ☐ Pain or tightness of chest
- ☐ Dizziness (vertigo)
- ☐ Flushing of the face
- ☐ Nausea or vomiting
- ☐ Heart palpitations
- ☐ Swelling of the face, eyes or tongue
- ☐ Weakness
- ☐ Hives, rash on face
- ☐ Hives, rash on body
- ☐ Itching
- ☐ Nasal congestion/runny nose
- ☐ Scratchy/sore throat
- ☐ Watery or itchy eyes
- ☐ Other: _____

In the event of a medical emergency

GENERAL EMERGENCY

By initialling below, I give the Edmonton MFRC Staff permission to secure immediate first aid treatment that may be required in the event of a medical emergency while in care of the MFRC, including any necessary transport. I acknowledge that the MFRC staff and any physicians called upon to provide medical care to my youth will be relying on the information contained herein concerning my youth's medication condition. I understand that I will be responsible to pay any medical expenses incurred.

Parent/guardian initials: ___

SEVERE ALLERGIC REACTION

My child has a severe allergy to: _____

By initialling below, I give Edmonton MFRC Youth Program Staff permission to give my child epinephrine, even if they are having mild symptoms after contact with this allergent.

In the event epinephrine has been administered, Youth Program Staff will:

- Call 911 and notify front reception
- Call the parent/guardian
- Notify the Program Supervisor
- Monitor youth

Parent/guardian initials: ___

Youth Programs Registration Package

Parent/Guardian Acknowledgement and Consent

YOUTH PROGRAM SIGN-IN/OUT WAIVER

YES, I/we give permission for my child to leave the MFRC Youth Program for the following reason(s).

___ Initial

Check all that apply:

- ☐ Walk to and from home
- ☐ Walk to and from Canex
- ☐ Outdoors in the MFRC field supervised
- ☐ Walk to and from the skatepark
- ☐ Outside in the MFRC field unsupervised
- ☐ Walk to and from Tim Hortons
- ☐ Edmonton Garrison Community Library
- ☐ Walk to and from the PSP Fitness Centre
- ☐ Other: _____

No, I/we do not give permission.

___ Initial

VIDEO GAME USAGE WAIVER

Our Youth Programs have a variety of computer software and video games.

I give my child permission to play video games rated* up to (check one):

☐ E - Everyone ☐ E10+ - Everyone 10+ ☐ T - Teen

**Ratings assigned by the Entertainment Software Rating Board (ESRB)*

Parent/guardian initials: ___

MOVIE USAGE WAIVER

Our Youth Programs have a variety of movies.

I give my child permission to watch movies rated* up to (check one):

- ☐ G - General, suitable for all ages
- ☐ PG - Parental Guidance advised, there is no age restriction but some material may not be suitable for all children
- ☐ 14A - 14 Accompanimen, persons under 14 years of age must be accompanied by an adult

**Ratings assigned by the Canadian Home Video Rating System*

Parent/guardian initials: ___

*The above consent can be updated or changed at anytime by the parent/legal guardian.
Changes need to be provided in writing to the Family Navigator - Child and Youth.

Youth Programs Registration Package

Parent/Guardian Acknowledgement and Consent

1. I acknowledge that it is my responsibility to advise the MFRC staff of any medical or health concerns of my youth, that may affect their participation in MFRC Youth Programs.

___ Initial

2. I/we understand MFRC staff are not guaranteed to be monitoring children outside of the MFRC Youth Program due to staff capacity. I/we hereby assume all the risks for the permissions granted and will take full responsibility of my/our child once they leave the MFRC Youth Program.

___ Initial

3. I understand that the Youth Program Staff endeavor to supervise/monitor the use of the Internet, but that it is my youth's responsibility to refrain from accessing inappropriate websites.

___ Initial

4. I understand that while at an MFRC Youth Program, my youth is accountable to follow and abide by the policies, procedures and behaviour code of conduct as described in the MFRC Youth Programs Handbook.

___ Initial

5. I understand that every effort will be made to notify users and parents in the event program hours change. However, in some circumstances, closure of a program may be necessary with no notice.

___ Initial

6. We are aware that the Edmonton Military Family Resource Centre reserves the right to refuse admission to our Youth Programs. MFRC staff will make every effort to deal effectively with any disruptive behaviour, however, should these attempts fail, the MFRC, as a last resort, may expel the youth from the program without notice.

___ Initial

7. In consideration of the Edmonton Military Family Resource Centre permitting my youth to participate in the MFRC Youth Programs, we, on behalf of our youth, heirs, executors, administrators, successors and assigns herby waive and release any and all claims for damages which we and our youth may have against the Crown in right of Canada, the Edmonton Military Family Resource Centre, their Officers, Members, Agents, Employees and all other persons in any way involved with the organizing, planning, controlling, directing or administering the said program and their respective Heirs, Servants, Agents and Assigns for any and all losses caused which our youth may sustain while taking part in the MFRC Youth Program.

___ Initial

Parent/Guardian Signatures

By signing this document, I acknowledge that I have read the MFRC Youth Programs Handbook, including Policies, Procedures and the Behaviour Code of Conduct.

Date: _____

_____ _____

Parent/Guardian Print Name **Parent/Guardian Signature**

_____ _____

Parent/Guardian Print Name **Parent/Guardian Signature**

Youth Signature

By signing this document, I acknowledge that I have read and understand the Youth Programs Handbook. I agree that I will abide by all policies to ensure that the Youth Programs are a safe, welcoming and respectful environment for all youth and staff to attend.

Date: _____

_____ _____

Youth Print Name **Youth Signature**

EDMONTON MILITARY FAMILY RESOURCE CENTRE

Privacy Notice & Consent Statement

All information and communications gathered is considered confidential and private. The Edmonton Military Family Resource Centre (MFRC) will take all possible safeguards to protect client information.

Personal information is collected pursuant to sections 2 and 38 – 41 of the *National Defence Act*. The information is used to administer the Military Family Services Program and the Veteran Family Program, which are managed by the Military Family Services (MFS), a division of the Canadian Forces Morale and Welfare Services (CFMWS) through local MFRCs. The personal information may include name, contact information, biographical information, date of birth (when required), identification number (partial military ID), physical attributes, signature, services provided during contact, opinions and views of, or about individuals.

The information may be used by the MFRC and/or MFS for reporting, audit, evaluation, and statistical purposes. In accordance with the memorandum of understanding between CFMWS and Veterans Affairs Canada (VAC), VFP user statistics will be provided to VAC for reporting on program performance indicators to Treasury Board of Canada Secretariat (TBS). Information is stored in Canada in a cloud-based case management system provided by Athena Software (service provider). Case file information may be transferred to a MFRC with the written consent of the individual. Information may also be used or disclosed for program mailing and outreach purposes.

In accordance with applicable laws, information may be disclosed in the following circumstances:

- **Child protection** – when the MFRC becomes aware of harm or potential harm to a child, it is required by law to report this to the local child welfare agency
- **Harm to self or others** – Professional Codes of Ethics and standards of Practice bind the MFRC to notify the proper authorities if there is a reason to believe that there is potential for the client to harm themselves or others
- **Testimony in court** – There are times when the MFRC may be requested by a court of law to disclose information obtained during sessions, under the above noted items

Personal information is protected, and only used and disclosed in accordance with the provisions of the *Privacy Act* (and other provincial/territorial privacy legislation applicable to the MFRC), as described above and in personal information bank CFMWS PPU 825 Military Family Services Program / Veteran Family Program. Under the *Privacy Act*, individuals have rights of access to and correction of their personal information, and the right to file a complaint to the Privacy Commissioner of Canada regarding the institution's handling of personal information.

If you require clarification about this statement, contact our privacy coordinator at ATIP.AIPRP@cfmws.com. For more information on the Privacy Act, consult the Office of the Privacy Commissioner of Canada.

By signing below, I certify that I understand and consent to the collection, use and disclosure of my personal information as stated above.

Participant(s) Name(s)	**Date**
Print Name of Parent/Legal Guardian	**Signature of Parent/Legal Guardian**
Print Name of Parent/Legal Guardian	**Signature of Parent/Legal Guardian**

EDMONTON MILITARY FAMILY RESOURCE CENTRE

Photography Release and Waiver

We grant permission to the Edmonton Military Family Resource Centre (MFRC), and its agents, employees or assigns the irrevocable right to photograph us and/or our minor child(ren) (listed below) for use in any MFRC publication such as advertising, direct mail, brochures, newsletters, and magazines, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on web sites or other electronic form or media. We also grant permission to the MFRC, its agents, employees or assign's to offer the identified photographs for use or distribution in other publications, electronic or otherwise, without notifying us.

We hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to us or unknown, and we waive any right to royalties or other compensation arising from or related to the use of the photographs.

We have read this release before signing below, and fully understand the contents, meaning and impact of this release. We understand that we are free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and we agree that failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____

Child's Name (please print)

_____ _____

Participant(s) Name(s) **Date**

_____ _____

Print Name of Parent/Legal Guardian **Signature of Parent/Legal Guardian**

_____ _____

Print Name of Parent/Legal Guardian **Signature of Parent/Legal Guardian**