

Youth Programs Registration Package

PARTICIPANT INFORMATION

First Name	Last Name	Pronouns
Relationship to Military/Veteran Member		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
Date of Birth (YYYY/MM/DD)		
Mailing Address		
How did you hear about this program/service? (Please only choose one option)		
<input type="checkbox"/> Social Media <input type="checkbox"/> MFRC Staff Member <input type="checkbox"/> Website <input type="checkbox"/> MFRC E-newsletter <input type="checkbox"/> MFRC Booth/Presentation <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Community Guide/Flyer/Poster <input type="checkbox"/> School <input type="checkbox"/> Base/Unit/Wing <input type="checkbox"/> Clearing In/Out Process <input type="checkbox"/> DAG Process <input type="checkbox"/> Other Organization (please specify): _____ <input type="checkbox"/> Other (please specify): _____		

MILITARY/VETERAN PARENT/GUARDIAN MEMBER INFORMATION

First Name	Last Name	Pronouns
Is this the primary contact?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unit	Unique Membership Number (Last 3 Digits of Service Number)	
<input type="checkbox"/> Regular Member <input type="checkbox"/> Reserve Member <input type="checkbox"/> Veteran		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
Personal Email Address	Primary Phone	Secondary Phone
Preferred Method of Contact		
<input type="checkbox"/> Email <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (Street, City, Province, Postal Code)		
<input type="checkbox"/> Same as child (if different from child, please fill in the address below)		



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OTHER PARENT/GUARDIAN INFORMATION

First Name	Last Name	Pronouns
Is this the primary contact?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred Language		
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual EN/FR		
Personal Email Address	Primary Phone	Secondary Phone
Preferred Method of Contact		
<input type="checkbox"/> Email <input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (Street, City, Province, Postal Code)		
<input type="checkbox"/> 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)	
<input type="checkbox"/> Regular Member <input type="checkbox"/> Reserve Member <input type="checkbox"/> Veteran		

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)		
<input type="checkbox"/> Kids Connection Corner (ages 6-8) <input type="checkbox"/> Youth Explore Zone (ages 9-12) <input type="checkbox"/> Teen Take Over (ages 13-17) <input type="checkbox"/> 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 be added to an email list to know upcoming days/times for programs?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Email:		



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INCLUSION POLICY

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

If a youth requires extra support, the Program Supervisor 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: _____

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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?

Anaphylactic:

- | | |
|--|--|
| <input type="checkbox"/> Trouble breathing or swallowing | <input type="checkbox"/> Significant swelling of the tongue lips |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Hives over face or body |
| <input type="checkbox"/> Light-headedness | <input type="checkbox"/> Severe vomiting or diarrhea |
| <input type="checkbox"/> Pale or blueish skin | |

Other:

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

In the event of a medical emergency

GENERAL EMERGENCY

By initialling below, I give the Edmonton MFRC Youth Program 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 (accompanied by a staff member). 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: _____

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YOUTH SIGN-IN/OUT WAIVER

I give the MFRC permission to allow my child to leave the Youth Program without a parent or guardian present (e.g. go to the Canex, skatepark, walk home, etc.).

- Yes, I give permission No, I don't give permission

Parent/guardian initials: _____

VIDEOGAME 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 Accompaniment, persons under 14 years of age must be accompanied by an adult

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

Parent/guardian initials: _____

MFRC PRIVACY POLICY

Information collected by the MFRC will be used solely for MFRC purposes under strict confidentiality in compliance with the Privacy Code for Military Family Services Program. Personal information or information of a confidential nature will not be provided to a third party or organization without the first parties written permission, unless required by law.

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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 understand that the MFRC is responsible for my youth only during the time that they are participating in a MFRC Youth Program. If youth have permission to leave during a program and have chosen to leave before a program ends, they will be signed out. ___ 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

In consideration of the Edmonton Garrison 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 hereby 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 Garrison 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

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

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

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