AURORA
FAMILY THERAPY CENTRE

GROUP: _____

PLEASE PRINT

Name: _____

Permanent Resident Card ID Number: _____

Birthdate (YEAR/MONTH/DAY): _____

Home Address: _____

Home Phone Number: _____

Country of Origin: _____

Arrival/Landing Date: _____

First Language: _____

Additional Languages Spoken: _____

School Attending in September 2019: _____

Which Grade: _____

Is this your first time attending this Summer Program: ___ Yes ____ No

What other Summer Programs are you attending: _____

_____

Photo Consent:

Please sign below to grant permission for (Summer Program name here) and Aurora Family Therapy Centre Inc. the reasonable use of pictures containing your child in any or all of the following ways: funding reports, promotional materials, website, and/or social media.

Print Name of Participant: _____

Parent/Legal Guardian Signature: _____

Date: _____

Manitoba Health Card Number:

6-Digit: _____   9-digit: _____

Do you have any known allergies? If so, please list them here:

_____

Special Dietary Restrictions:

_____

Do you agree to take part in the Summer Youth Programming led by [fill in your organization's name]:

Yes   No

Family Information:

Family Size: _____

Legal Guardian's Name(s):

_____

Legal Guardian's Address:

_____

Legal Guardian's Phone Number:

_____

Emergency Contact Information:

Name: _____

Address: _____

Phone number: _____

Relation to Participant: _____

Medical Consent:

The safety of your child(ren) is our primary concern. Precautions will be taken for their wellbeing and protection. I/We, the parents or legal guardians named on this form, authorize _____ [organization's name] staff to call Emergency Medical Services (911), sign a consent for emergency medical treatment and to authorize any physician or hospital to provide emergency medical assessment, treatment or procedures for the participant named on this form. Any cost incurred will be the responsibility of the parent(s)/legal guardian(s).

Liability Waiver:

Please include a statement on liability here.

Print Name of Participant of the Summer Youth Program:

_____

Print Name of Guardian of Participant:

_____

Signature of Parent/Guardian:

_____

Date:

_____