



Registration & Consent Form

Details of Young Person			
Full Name:			
Home Address:			
Contact Number:			
Email Address:			
Date of Birth:		Age:	
Gender:		School Year:	
School:			

Emergency Contact Information (Parent/Guardian)	
Full Name:	
Home Address: <i>(if different)</i>	
Contact Number:	
Email Address:	
Relationship:	

Other Information
Are there any medical conditions which we should be aware of?
Are there any special dietary needs that we should be aware of?

I consent to my child participating in Brampton Youth Project activities run by the team, both at Brampton Community Centre, and at other locations in Brampton. I understand that every care will be taken to ensure the health, safety, and welfare of my child. I realise and accept that in the event of my child's behaviour adversely affecting the safety of the activity, the organisers reserve the right to return my child home.

I understand that travel may be involved, and I give consent for my child to travel with Brampton Youth Project and its representatives, including transportation on foot, by car, or any other means. Where

vehicular transportation is used, all necessary insurances and risk assessments will be in place. Any intended travel outside of the Brampton area will be notified in advance, and covered under a separate consent.

I understand that it may be necessary for first aid and emergency medical treatment to be administered if an injury or illness occurs during activities with Brampton Youth Project. I grant permission for Brampton Youth Project and its representatives to be my appointed agent if needed, and to provide consent for any emergency medical treatment which may be required. I also consent to basic first aid being administered by Brampton Youth Project and its representatives where required.

I understand that my child must follow all rules set forth by Brampton Youth Project, and that Brampton Youth Project Staff and representatives must be treated with respect at all times. I acknowledge that failing to do so, by either myself or my child may result in the removal of my child from Brampton Youth Project activities.

I agree to release and hold harmless Brampton Youth Project and its representatives from all liability related to injury or illness that may occur to my child in relation to Brampton Youth Project activity, except where liability has arisen due to a failure on the part of Brampton Youth Project.

I consent to photographs/video of my child participating in Brampton Youth Project activity being used for promotional purposes. These images may appear on our website, social media, or in reports to funding bodies. This list is not exhaustive.

Name: _____ **Date:** ____/____/_____
(Parent/Guardian)

Signature: _____

Name: _____ **Date:** ____/____/_____
(Young Person)

Signature: _____