

**Teen Place YHC
Activity Release and Registration:**

Event Activities:

Participant's Name (first & last): _____

Age: _____ **NS Health Card # :** _____

Parent/Guardian Name: _____

Home Phone #: _____ **Work Phone #:** _____

Mailing Address: _____

Emergency Contact: _____ **Phone #:** _____

Allergies or Medical Concerns: _____

Family Doctor: _____ **Phone #:** _____

Release of Liability

I give permission for my child, _____ to take part in the Teen Place _____
It is understood and agreed that there is an inherent risk in any program and that Teen Place staff, volunteers and sponsors are in no way responsible for damage to or loss of property, or injury to participants. If an incident occurs whereby my child needs medical attention, and I cannot be contacted immediately, Teen Place has my permission to consent to any and all medical treatment recommended as necessary by a physician.

Teen Place has permission to take photos of my child in this event and display the photos in The Youth Health Centre, in local newspapers or health publications. **YES** **NO**

Signature of Parent or Guardian: _____

Date: _____

Fee Information _____ **FEE PAID YES NO**