



MEMBERSHIP FORM



YOUTH INFORMATION:

Full Name:	Male:___ Female:___
Date of Birth:	Age:
School:	Grade:
*Email:	*Cell Phone:

PARENT/GUARDIAN INFORMATION:

Full Name:	Work Phone:
Physical Address:	Home Phone:
*Email:	*Cell Phone:

EMERGENCY CONTACT INFORMATION:

Full Name:	Work Phone:
Physical Address:	Home Phone:
	Cell Phone:

HEALTH INFORMATION:

Alberta Health Care Number (optional):
Allergies:
Medications:
Any Other Concerns:

*Email address & cell phone numbers are optional. They may be used to send out information about the Ponoka Youth Centre youth programs.

FAMILY HISTORY:

The following information is optional and is used for demographic and statistical information that our organization requires for funding. The answers you provide are completely confidential and your cooperation in providing this information is appreciated.

Ethnic Background of Youth:	<input type="checkbox"/> Caucasian <input type="checkbox"/> First Nations <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____
Parent/Guardian Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Common-law
Youth Primarily Resides With:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Kinship Care <input type="checkbox"/> In-Care <input type="checkbox"/> Other: _____
Number of People In Household:	<input type="checkbox"/> 2-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-7 <input type="checkbox"/> Other: _____
Employment Status of Parent/Guardian:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Other: _____

RELEASE OF LIABILITY & FOIP

Liability Clause

- I agree that the Ponoka Youth Centre (PYC) will not be responsible for any injuries my youth may sustain from/while participating in any PYC activities, programs or fundraisers.
- The said youth and myself do hereby release the PYC, it's respective employees, directors, board members and volunteers from any and all actions, causes of action, claims and demands whether arising from negligence or otherwise, I ever had, now have or hereafter can, shall or may have for by any reason of any cause, matter or thing arising from the involvement of the said youth with the PYC.
- The said youth and myself do hereby agree to hold harmless and indemnify the PYC from and against any and all claims, demands, actions and costs which might arise out of the association of the said youth with the PYC.
- I have read the Expectations of Behavior that are on the back of this form with my child and understand the consequences of the listed behaviors.

Damage Clause

- I agree to cover the costs of any facility or equipment damages my child intentionally causes as a result of outbursts of anger, fighting, poor sportsmanship, etc. during programs.

Medical Waiver

- I waive my legal right against the PYC staff or volunteers for any loss, injury or damage suffered at any PYC activities, programs or fundraisers.
- I hereby authorize staff or volunteers of the PYC to have my youth transported to the hospital for any emergency treatment that may appear necessary in the event that I cannot be contacted immediately.
- I further consent to pay any medical expenses incurred that are not covered by my health insurance plan.
- I understand that if any of the above contact or emergency information changes, it is my responsibility to notify the PYC.

FOIP Waiver

- I **DO** ___/ **DO NOT** ___ grant permission to the PYC to use any photographs, slides, moving pictures or sound recordings of my youth in furthering the work of the agency.
- I **DO** ___/ **DO NOT** ___ grant permission to the PYC to use my youth's name in furthering the work of the agency.

Volunteering

- Volunteers are an essential part of the PYC. Would you be interested in volunteering?
YES ___ NO ___

Membership Card

- Your youth will receive a Membership Card with a membership number upon returning this application. For each visit to the Teen Drop In Centre, your youth must sign-in with their membership number.

As the parent/guardian of the said child, I hereby provide consent for my child to participate in the youth programs offered by Ponoka Youth Centre.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

If you require further information, please contact the Ponoka Youth Centre at 403-783-3112.

Behaviors	Consequences
Individuals are not allowed to bring <i>TOBACCO</i> into or on the property of the Ponoka Youth Center.	<ul style="list-style-type: none"> - Individuals in possession of tobacco will be required to give the tobacco to a staff member of the Ponoka Youth Centre. They will be asked to leave the premises and a call will be placed to their parent/guardian explaining their dismissal. - The Ponoka Youth Centre reserves the right to access RCMP involvement in situations involving tobacco at their discretion, if deemed necessary. - A suspension or expulsion will be given to the individual based on the severity of the incident.
Individuals are not allowed to bring <i>DRUGS OR ALCOHOL</i> into or on the property of the Ponoka Youth Centre.	<ul style="list-style-type: none"> - Individuals in possession of drugs or alcohol will be required to give the substance to a staff member of the Ponoka Youth Centre. They will be asked to leave the premises and a call will be placed to their parent/guardian explaining their dismissal. - The RCMP will be notified of the incident and further action will be taken, as required by law. - A suspension or expulsion will be given to the individual based on the severity of the incident.
Individuals are not allowed access to the Ponoka Youth Centre if they are <i>UNDER THE INFLUENCE OF EITHER DRUGS OR ALCOHOL</i> .	<ul style="list-style-type: none"> - Individuals under the influence of drugs and/or alcohol will be required to leave the Ponoka Youth Centre immediately and a call will be placed to their parent/guardian explaining their dismissal. - If the individual is deemed to be at risk to him/herself or others or refuses to cooperate, parents/guardians, RCMP and/or medical personnel may be called to escort the individual from the Ponoka Youth Centre. - A suspension or expulsion will be given to the individual based on the severity of the incident.
Individuals will respect the staff, volunteers, fellow youth and property of the Ponoka Youth Centre. <i>VERBAL, PHYSICAL AND/OR SEXUAL HARASSMENT/ABUSE</i> will not be tolerated.	<ul style="list-style-type: none"> - Individuals who disrespect or abuse an individual or property of the Ponoka Youth Centre will be asked to leave. Depending on the severity of the incident, the parent/guardian will be called. - The Ponoka Youth Centre reserves the right to access RCMP involvement in situations involving abuse of any kind at their discretion, if deemed necessary. - A suspension or expulsion will be given to the individual based on the severity of the incident.
Individuals are expected to refrain from <i>PUBLIC DISPLAYS OF AFFECTION</i> (i.e. kissing, lap-sitting, etc.) while attending the Ponoka Youth Center.	<ul style="list-style-type: none"> - Individuals who engage in this type of activity will be asked to alter their behavior. - If individuals refuse to cooperate, they will be asked to leave the Ponoka Youth Centre. - A suspension or expulsion will be given to the individual based on the severity of the incident.

Expectations of Behavior of Ponoka Youth Centre

As a youth participant in this program, I agree to the following:

	I have read and understand the Expectations of Behavior of the Ponoka Youth Centre.
	I understand the consequences for violating the Expectations of Behavior.
	I understand that drugs, alcohol and tobacco are not allowed in or on the premises of the Ponoka Youth Centre.
	I understand that if I choose to come to the Ponoka Youth Centre under the influence of either drugs or alcohol, I will be required to leave and that the RCMP and my parent/guardian may be notified.
	I understand that violence and harassment towards fellow members, staff or volunteers of the Ponoka Youth Centre are not allowed.
	I agree to respect the property and people within the Ponoka Youth Centre. Failure to do so may result in loss of privileges or RCMP involvement.
	I recognize that I have the right to be safe in the Ponoka Youth Centre. This includes emotional, physical and sexual safety.
	I am aware of the responsibilities of being a member of the Drop In Centre: <ul style="list-style-type: none"> • I will be issued a membership number and member card. • I must sign in with my name and membership number each time I attend the Drop In Centre.

I have read the above Expectations of Behavior with my child and understand the consequences of the above-listed behaviors.

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____

FOR OFFICE USE ONLY:

YOUTH MEMBERSHIP INFORMATION

Date of Membership Acceptance: _____

Membership Number: _____

Name of Staff Issuing Card: _____

STAFF CHECKLIST

(Please initial after completion)

1. Front page is filled out fully _____
2. Expectations of Behavior Declaration is discussed and signed by both youth and staff members. _____
3. New name is added to membership list on wall. _____
4. Membership number and card are given to youth. _____
5. Form is placed in the Communication Binder. _____