

**New Ross Family Resource Centre (NRFRC)  
CHILD & YOUTH PROGRAM REGISTRATION FORM**



PROGRAM NAME: \_\_\_\_\_  
Please provide the following information for our records. PLEASE PRINT CLEARLY:

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

YYYY MM DD

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PARENT/GUARDIAN CONTACT

Name: \_\_\_\_\_

Parent TELEPHONE # (HOME): \_\_\_\_\_ (work-cell) \_\_\_\_\_

Parent/guardian E-MAIL ADDRESS: \_\_\_\_\_

Emergency Contact: Has permission to pick up your child and will be called if a parent/guardian cannot be reached in an emergency.  
Name: \_\_\_\_\_  
Phone # \_\_\_\_\_

Address if different than above: \_\_\_\_\_

**Authorization:**

Yes	No	Does your child have any special needs that we need to know about?
Yes	No	If Yes, please specify: _____
Yes	No	Does your child have allergies?
Yes	No	If Yes, please specify: _____
Yes	No	Does your child carry an Epi Pen?
Yes	No	Does your child take medications?
Yes	No	If Yes, please specify: _____
Yes	No	I give permission for my child to be photographed. Photographs may be used in promotional material, on-line or on social media. Note: We limit posting photos on-line.
Yes	No	I give my child permission to go off site on supervised walks at Lion's Park Trail or other sites as discussed in programming information.
Yes	No	I give permission to be contacted by the Resource Centre about other programs and services that they think may be of interest to me.

In registering the child named in this form to attend the Child & Youth Program at NRFRC, I, the undersigned parent/guardian hereby agree as follows:

1. To permit my child to participate in the full range of NRFRC Children & Youth Program activities.
2. I understand that some program activities may have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree not to hold the NRFRC or any of its employees responsible in the event of an injury to my child.
3. I give you permission to copy this form for other program registration binders
4. I understand and agree to the NRFRC Program Policies as stated above.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_