



GirlSpace Registration Form

General Information (Applicant)

First and Last Name: _____

Address: _____

Birth Date: _____ Age at Start of Session: _____

Language Spoken at Home: _____

Telephone Number: _____ E-Mail: _____

Parental Information

Name of Parent(s)/Guardian: _____

Address: _____

Telephone Number: _____ Cell/Work: _____

E-mail: _____

In case of emergency, you may contact: _____

Telephone Number: _____ Cell/Office: _____

Health Information

Health Number: _____

Does your child suffer from any chronic illnesses, allergies or special needs?

If yes, which ones? Please give a description.

SUPPORTED BY



Youth Consent to Participate

I, _____, am committed to joining the YWCA **GirlSpace** and consent to being a participant. I know that I need to attend on a regular basis, hold the confidence of other group members (not talk about personal issues that other members may bring up, outside of the group). The focus of the activities has been communicated to me and I know that I may choose to quit at any time and I will discuss my choice with the program staff.

Signature of Youth

Date

Signature of Witness

Date

Parental/Guardian Consent

I, _____, having legal responsibility for _____, give consent for _____ to be a participant in the YWCA Regina's **GirlSpace** program. The focus and activities of the program have been communicated to me. By signing this form, I give consent for my daughter to be transported to a hospital in an ambulance if deemed necessary by the staff of the YWCA.

I attest to the truthfulness and validity of all information provided in this form.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Note: if consent is revoked, please do so in writing.

Media Consent

I, _____, hereby give my consent for my child, _____, to have pictures taken and voice recordings made by YWCA Regina service delivery staff, program volunteers, and members of the media (e.g., newspaper reporters).

1. I give permission for these media materials be used by the YWCA Regina program staff and volunteers for internal office use (placed in offices/newsletters).

Yes

No

2. I give permission for this media material to be used by the YWCA Regina for purposes of promotional material including brochures and audio-visual productions.

Yes

No

3. I give permission for these media materials to be placed on the YWCA Regina and GirlSpace websites.

Yes

No

If you do NOT want your child's picture, video or voice recording to be used, please check here:

Name: _____

Date: _____

*Note: It is the parent/guardian's responsibility to contact YWCA Regina if the status of the consent changes.