



**Please complete front & back**

**C.**

Emergency Contact: \_\_\_\_\_ Work / Day Phone \_\_\_\_\_

Is this child allowed to go home alone? (only children 10 years old and up) Yes  No

Who is authorized to pick-up your child?

\_\_\_\_\_  
Name Relationship Work / Day Phone

School : \_\_\_\_\_ Current Grade: \_\_\_\_\_

Do you have any allergies, food restrictions or medical concerns, which may affect your participation in CYC program?

Yes  No  If you have checked yes, please explain in the space provided below.

\_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**B. PLEASE GIVE – YOUR SUPPORT IS IMPORTANT “OPTIONAL”**

**CYC Programs are offered free of charge.** The CYC counts on donations to provide this service. Your donation is most welcome!

Donation Received \$ \_\_\_\_\_ Date: \_\_\_\_\_  Cash  Cheque # \_\_\_\_\_

Or donate online at [cabbagetownyouth.ca/donation/asp](http://cabbagetownyouth.ca/donation/asp)

Tax Receipt Requested (for donations over \$20)  Yes  No

**D. VOLUNTEER**

Join the CYC team and get involved with your community! Lend us your expertise or just lend a hand - we are confident that you will find this a rewarding experience. If you are in high school, this is an ideal opportunity for you to fulfill the community volunteer service requirement for your high school diploma.

If yes please check one of the boxes below.

Reading Mentor  Fundraising  Special Events  Basketball Coach/Referee  Soccer Coach/Referee

How may we contact you

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**E.**

**Cabbagetown Youth Centre Release of Liability and Assumption of Risk**

In consideration of my participation in this \_\_\_\_\_ program, I hereby waive, release and discharge any and all claims for damages I may have, or which may hereafter accrue to me, as a result of my participation in this activity. This release is intended to discharge in advance the instructors, promoters, sponsors, organizers, project managers, of this activity and any involved public school entity (and their respective agents and employees) including but not limited to the Cabbagetown Youth Centre, their employees, agents and directors, from and against any and all liability, which may arise out of negligence or carelessness on the parts of the persons or entities mentioned above.

\_\_\_\_\_  
Print Name of Participant or Parent/Guardian if Participant is under 18 yrs. Signature Date

I understand that this \_\_\_\_\_ Program may be photographed videotaped, and the Cabbagetown Youth Centre does have my permission to use the photographs, videotapes, and/or audiotapes for the purpose of promoting the work and mission of our organization.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release from liability regarding the parties listed above and assumption of risk by me.

\_\_\_\_\_  
Print Name of Participant or Parent/Guardian if Participant is under 18 yrs. Signature Date