



## Local Youth Experience

### Membership Form

Thank you for your interest in participating in Devon Youth Society program – Local Youth Experience. Please return all forms to the Local Youth Experience building (5 Jasper Court South). Feel Free to contact us with any questions.

Phone: (780) 221-2253

Email: [localyouthexperience@gmail.com](mailto:localyouthexperience@gmail.com)

#### **Youth Information:**

Full Name of Youth:	Date of Birth:
Preferred Name of Youth:	Gender:
Address (Write Below):	School:
	Alberta Health Care Number:
Does your child have any physical, emotional, mental, behavioral concerns, allergies or limitations that our staff should be aware of?	Medications:

#### **Parent Information:**

Name(s) of Parent/Guardian:	Contact Info:
	Home: Cell: Work: Email:
	Home: Cell: Work: Email:

**Emergency Contact Information:**

In the event of an emergency, if we cannot reach you, whom do we contact?

Emergency Contact #1	
Phone Number	(H) (C)
Relationship to Youth:	
Emergency Contact #2	
Phone Number	(H) (C)
Relationship to Youth	

**Adult Membership**

Members can be anyone who is over the age of 18 who sees value in Devon Youth Society and Local. As a member you will be invited to attend and have the power to vote at Devon Youth Society’s Annual General Meeting and you will receive newsletters that highlight our successes and upcoming opportunities.

By completing this form you will automatically become a DYS member. If you have any questions feel free to call!

If you do not wish to become a member check this box

**Volunteer Opportunities**

The Devon Youth Society is seeking volunteers who want to help youth in Devon succeed. If you would like to get involved with The Devon Youth Society in a voluntary capacity please check where you see yourself contributing.

*Leading a Workshop/Club*       *Fundraising*       *Becoming a Mentor*

*I do not wish to volunteer*       *Other*  \_\_\_\_\_

## **Devon Youth Society Code of Conduct**

DYS members, volunteers and staff are committed to the mission of the DYS which is to encourage youth to build connections with their peers, their role models and their community by involving them in programming that engages their passions.

In participating in DYS programs or activities, DYS members, volunteers and staff are entitled to expect a safe environment, and agree:

- To respect the rights, dignity and property of other members, volunteers, staff and other participants in activities, including their feelings, opinions and personal space.
- To not abuse or harass others, physically or psychologically, or place them in danger, or treat them in a discriminatory way, or take advantage of them.
- To be patient and considerate of others, and to respect their privacy.
- To help DYS provide a safe environment, safe equipment, and safe activities, and to report breakages and malfunctions.
- To report problems or behaviour that put them or others at risk of harm or abuse.

## **Participation Waiver**

In consideration for participating in Devon Youth Society programming I assume responsibility for all my actions while at Devon Youth Society's facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or Devon Youth Society staff and volunteers.

Furthermore, I release Devon Youth Society, the Board of Directors, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

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**Signature of Participant**

**Printed Name**

**Date**

## Parental Consent Form

I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation in Devon Youth Society programs, fundraisers and special events.

I hereby release Devon Youth Society, its Board of Directors officers, employees and agents (hereafter referred to as "DYS") from any and all liability resulting from events beyond the control of DHS.

In the event of an accident, injury, illness, or property damage, I acknowledge that DHS does not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance. In the event of an accident, injury, or illness, DHS will make reasonable efforts to contact parents/guardians immediately if necessary. I hereby authorize Staff/Volunteers of the Devon Youth Society 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 including ambulance costs incurred by DHS that are not covered by my health insurance plan.

Furthermore, I release DHS and its volunteers for any loss, personal injury, accident, misfortune, or damage to my child or his/her property, with the understanding that reasonable precautions shall be taken by DHS to ensure the health and safety of my child.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Printed Name of Parent/Guardian*

( ) \_\_\_\_\_  
*Phone Number*

## Release of Information Form

Due to the Freedom of Information and Protection of Privacy Act (FOIPP), we require written permission, from parents/guardians, for various activities/programs/fundraisers within Devon Youth Society.

Please complete this form as part of the registration process:

I, \_\_\_\_\_, hereby give permission to the Devon  
Parent/Guardian's Name  
Youth Society to release my son/daughter's full name or image for the purposes listed below:

- Display photos for others to see.
- To be published in the media and in brochures to advertise the Devon Youth Society activities/programs/fundraisers.
- To be used on static display boards at community events to advertise the Devon Youth Society activities/programs/fundraisers.
- To attach to my youth's membership form for Staff use.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

If you do not want us to take any pictures of your child please initial this box