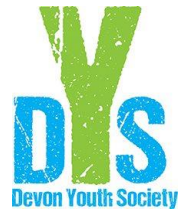




# THE DEVON YOUTH SOCIETY & LOCAL YOUTH EXPERIENCE

## MEMBERSHIP FORM



**PERSONAL INFORMATION:**

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, hereby provide my consent for my youth to participate in Local Youth Experience’s programs/activities/fundraisers.

As the parent/guardian may we contact you about upcoming...

- Fundraisers? Yes \_\_\_\_\_ No \_\_\_\_\_
- Special Events & Monthly Calendars for the youth? Yes \_\_\_\_\_ No \_\_\_\_\_
- Volunteer Opportunities? Yes \_\_\_\_\_ No \_\_\_\_\_
- By allowing your child to attend Local Youth Experience you become a member of The Devon Youth Society. This means you will have the ability to elect board members at our Annual General Board Meeting (Usually, 3rd Thursday in February).

<b>Youth’s First Name:</b>	<b>Middle:</b>	<b>Last:</b>
<b>Date of Birth:</b>	<b>Current Age:</b>	<b>Grade:</b>
<b>Home Phone Number:</b>	<b>Home Address:</b>	
<b>Name of Parent/Guardian:</b>	<b>Parent/Guardian Work and/or Cell Phone Number:</b>	
<b>Parent’s Email:</b>		
<b>Any Medical Concerns:</b>		

**EMERGENCY CONTACT:**

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

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Relationship to Youth</b>	

**Liability Clause:**

I agree that The Devon Youth Society will not be responsible for any injuries my youth may sustain from/while participating in any Local Youth Experience activities/programs/fundraisers.

**Medical Waiver:**

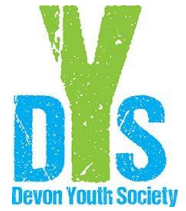
I waive my legal right against The Devon Youth Society staff and volunteers for any loss, injury or damage suffered at any Local Youth Experience activities/programs/fundraisers. I hereby authorize staff and/or volunteers of The Devon Youth Society to have my youth transported to the hospital for any emergency treatment that may appear necessary if I cannot be contacted immediately. I further consent to pay any medical expenses incurred if I cannot be contacted immediately. I further consent to pay any medical expense incurred that are not covered by my health insurance plan.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used to administer program registration and management.



**THE DEVON YOUTH SOCIETY & LOCAL YOUTH EXPERIENCE**  
**PHOTO & CONSENT AGREEMENT RELEASE FORM**



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

1. I, the parent/guardian, consent for my child to be included in photographs, video recordings, print and/or other similar material (the "Materials") and further agree to the use and distribution of the materials on Local Youth Experience's website and social media including Facebook, Instagram and Twitter. I understand that Local will never attach my child's full name to any posted photo.
2. I, the parent/guardian, consent for my child's photo to be included in printed materials, such as posters and brochures, for Local Youth Experience and the Devon Youth Society's promotional purposes.
3. I, the parent/guardian, consent for my child's photo to be included on static display boards at the youth centre and at community events such as Community Awareness Night.

If you **DO** want your child to be included in photos check the box

If you **DO NOT** want your child to be included in photos check the box

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date