



UMOJA COMMUNITY MOSAIC THRIVE AFTERSCHOOL PROGRAM REGISTRATION FORM



Last Name:				First Name:			
Date of Birth:	DD	MM	YY	Age:	School Grade:	Gender (optional): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:					Postal Code:		
Parent/Guardian Name:				Parent Email:			
Parent/Guardian Cell Phone:				Parent/Guardian Home Phone:			
Emergency Contact Name (If parent cannot be reached):					Relationship to Child:		
Emergency Contact Cell Phone:				Emergency Contact Home Phone:			

Please state if your child/youth has any **allergies**, medical conditions, medications, or food restrictions that the staff should be aware of:

Please state if your child/youth has a disability or any specific needs (physical, emotional, behavioural or developmental) that the staff should be aware of:

Child Pick-up Information:

To ensure your child's safety, children need to be signed in and out of every program attended. Please indicate below which method of pick-up is the best for your family. **Unless otherwise indicated below, your child will only be released to those listed at the top of this form. (ID may be required).**

- Other family members or friends, as indicated below, may pick-up my child (ID may be required).

Name(s): _____

- My child is allowed to sign themselves out at the end of the program. We recommend communicating with your child where they should go post-program. Once signed out from the program, we **"release care"** of that child and are no longer responsible for their welfare.

Freedom of Information and Protection of Privacy

The personal information collected herein is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta and will be used for the purpose of program registration, participant safety and program reporting. Should you have any questions or concerns regarding the collection and use and disclosure of personal information, please contact our office.

Legal Release

I understand that this Program is a nonprofit program for youth conducted by Umoja Community Mosaic. I also understand that Umoja Community Mosaic is solely responsible for all aspects of the Program, including selection, screening, and supervision of all persons conducting the Program. I further understand and agree that my Child(ren) 's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes. On behalf of my Child(ren), me and my family, I assume these risks. In consideration of the privilege of my Child(ren) 's participation in the Program, and on behalf of my Child(ren) and me as parent/guardian, I hereby release Umoja Community Mosaic of liability.

Photo Consent

I, the parent or legal guardian, grant permission to Umoja Community Mosaic to take and use photos/videos of my child for use in printed publications or materials, electronic publications, website or social media content, and marketing materials. Photographs and images are the property of Umoja Community Mosaic.

Parent/Guardian Name (Please print):	Date Signed:
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Parent/Guardian Signature:

(I have read the information contained on this page and have answered all of the questions to the best of my knowledge)

Office use only

Date: _____	Processed by (Umoja Staff): _____
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Program Name:	Program Community:	Program Session/Dates:
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