



# MPNH Youth Program Registration Form

## Program Information

Program Name:
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## Participant Information

Participant First Name:	Participant Last Name:	
Birthdate (YYYY-MM-DD):	Pronouns:	School/Grade:
Apt/Unit #:	Street Address:	
City:	Postal Code:	
Participant Email Address:	Participant Contact Number:	
Permanent Resident / Unique Client Identifier (or other) Number:		
Status in Canada (check one): <ul style="list-style-type: none"> <li><input type="checkbox"/> Born in Canada</li> <li><input type="checkbox"/> Naturalized Citizen</li> <li><input type="checkbox"/> Permanent Resident</li> <li><input type="checkbox"/> Refugee Claimant</li> <li><input type="checkbox"/> International Student</li> <li><input type="checkbox"/> Other _____</li> </ul>		
Country of Origin: _____		
First Language: _____		
Other Languages: _____		
<i>This information helps us gather demographic information for reporting purposes and will not affect access to programs.</i>		
If you checked other, please explain:		
Personal Health Number (PHN/Care Card Number):		
Any allergies, medication, dietary restrictions (e.g. halal, vegetarian, vegan, etc.) we should know about? Please list:		

## Confidentiality & Privacy Policy

Mount Pleasant Neighbourhood House and the Association of Neighbourhood Houses respects your family's personal privacy. The information collected on this form is in compliance with the BC Personal Information Protection Act and will not be shared with anyone without your permission. We are required to provide non-identifying demographic information for reporting purposes for our funders. Should we require to share your personal information for the purposes of referrals or otherwise we will contact you for your consent.



**Parent/Guardian Information and Emergency Contact**

Parent/Guardian First Name:	Parent/Guardian Last Name:
Parent/Guardian Email:	Parent/Guardian Phone:
Emergency Contact Person Name #1:	
Emergency Contact Person #1 Phone:	Relationship to Participant:
Emergency Contact Person Name #2:	
Emergency Contact Person #2 Phone:	Relationship to Participant:

**Parental Consent/Acknowledgement of Risk**

I agree that my child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by Association of Neighbourhood Houses (ANH) in connection with the operation of the Mount Pleasant Neighbourhood House program as described in the program guide. I am aware of and now freely accept and assume responsibility for all risks to the child in connection with their participation in the activity. I provide my informed consent and permission and hereby release, remise and forever discharge Mount Pleasant Neighbourhood House and ANH, its agents or volunteers, of and from all manner of actions, cause of action, claims and demands of whatever nature which result from any injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by ANH. In the event that our child is injured, ill or in need of medical attention, and I am unable to be contacted, I authorize ANH staff to seek medical attention on my behalf.

***I consent to the participant's photo being used for promotional purposes:***       YES     NO

***Please sign to acknowledge that you have read and understood our Confidentiality and Privacy Policy and the Parental Consent/Acknowledgement of Risk:***

\_\_\_\_\_  
Parent/Guardian Name and Signature (REQUIRED)

\_\_\_\_\_  
Date (YYYY/MMM/DD)

Please e-mail your registration form to:  
[Ian Ditchburn](mailto:ian.ditchburn@mpnh.org) at [iditchburn@mpnh.org](mailto:ian.ditchburn@mpnh.org)

You can also drop off your form in person at:  
Mount Pleasant Neighbourhood House  
800 East Broadway  
Vancouver, BC  
V5T 1Y1