



MPNH Preteen and Youth Program Registration Form

Program Information

Program Name:

Participant Information

First Name:

Last Name:

Birthdate (DD/MM/YYYY):

School/Grade:

Apt/Unit #:

Street Address:

City:

Postal Code:

Email:

Contact Number:

Personal Health Number (PHN/Care Card Number):

Any allergies, medication, dietary restrictions (e.g. halal, vegetarian, vegan, etc.) we should know about? Please list:

Parent/Guardian Information and Emergency Contact

Parent/Guardian First Name:

Parent/Guardian Last Name:

Parent/Guardian Email:

Parent/Guardian Phone:

Emergency Contact Person #1:

Emergency Contact Person #1 Phone:

Relationship to Participant:

Emergency Contact Person #2:

Emergency Contact Person #2 Phone:

Relationship to Participant:

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. Should we require to share your personal information for the purposes of referrals, reporting, or otherwise we will contact you for your consent.



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 Signature (REQUIRED)

Date (DD/MM/YYYY)

Please e-mail your registration form to:
Crystal Lau at clau@mpnh.org

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