

**Youth's Information**

<b>Youth Name:</b>		<b>Birthdate</b>	
<b>Youth Contact Phone Number/Email</b>		<b>Current School</b>	<b>Current Grade</b>
<b>Gender Identity</b>	<b>Pronouns</b>	<b>Cultural Background</b>	<b>Program Name</b>

**Family Information**

<b>Name of Parent/Guardian</b>		<b>Relation to Youth</b>	
<b>Contact Phone Number</b>		<b>Contact Email</b>	
<b>Street Address</b>	<b>City</b>	<b>Postal Code</b>	

**Emergency Contact Information**

<b>Emergency Contact Name &amp; Relationship to Youth</b>	<b>Contact Phone Number</b>

**Participant Information**

<b>Please list any dietary restrictions/allergies we should be aware of:</b>
<b>Are there any diagnosed disorders/conditions or behavioural concerns we should be aware of?</b>

**What do you/the youth hope to gain out of this group?**

**Is there anything else we should know about the youth?**

### **Parent Consent**

- I understand that transportation may be provided by BGC South Vancouver Island employees.
- I give permission for photographs of my youth to be used for publicity purposes connected with the promotion of BGC South Vancouver Island.
- I consent for my youth to leave at the end of program time without a parent/guardian pick up.

By signing below, I give permission for my child to participate in the group programming facilitated through BGC South Vancouver Island.

**Parent/Guardian Signature:**

**Date:**

Registration forms can be emailed to [youthprograms@bgcsvi.org](mailto:youthprograms@bgcsvi.org)