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42 Main St., South
 Hagersville, ON
 NoA-1H0
 Tel: (905) 768-4488
 Fax: (905) 768-1034

PART 1 MEMBER INFORMATION

<p>_____ Last name</p> <p>_____ First Name</p> <p>_____ Address</p> <p>_____ City</p> <p>_____ Province</p> <p>_____ Postal Code</p> <p>_____ Phone Number</p> <p>_____ Email</p> <p>_____ School</p> <p>_____ Grade</p>	<p>_____ Date of Birth DD/MM/YY</p> <p>_____ Age</p> <p><input type="checkbox"/> Male Health Card # _____</p> <p><input type="checkbox"/> Female</p> <p>_____ Allergies</p> <p>_____ Health Concerns</p> <p>_____ Family Doctor</p> <p>_____ Telephone #:</p>
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PART 2 FAMILY INFORMATION

Parent's marital status Single Married Separated Divorced Widowed
 Primary residence of child Mother Father Both Other
 Type of custody Joint Sole

MOTHER OTHER _____ FATHER OTHER _____

<p>_____ Last Name</p> <p>_____ First Name</p> <p>_____ Address</p> <p>_____ City</p> <p>_____ Province</p> <p>_____ Postal Code</p> <p>_____ Phone Number</p> <p>_____ E-mail</p> <p>_____ Occupation</p> <p>_____ Address</p> <p>_____ Work Number</p> <p>_____ Cell Number</p>	<p>_____ Last Name</p> <p>_____ First Name</p> <p>_____ Address</p> <p>_____ City</p> <p>_____ Province</p> <p>_____ Postal Code</p> <p>_____ Phone Number</p> <p>_____ E-mail</p> <p>_____ Occupation</p> <p>_____ Address</p> <p>_____ Work Number</p> <p>_____ Cell Number</p>
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This section MUST be completed

The Powerhouse project serves children/youth who are in a care giving role for a family member needing assistance.

Family member requiring assistance:

Parent/guardian Grandparent Sibling Other: _____

Reason for assistance:

Chronic illness Disability Mental illness Substance abuse Other: _____

PART 3 EMERGENCY INFORMATION (other than parents)

_____	_____	_____	_____
Last Name	First Name	Last Name	First Name
_____	_____	_____	_____
Relationship to Child		Relationship to Child	
_____	_____	_____	_____
Phone Number	Cell Number	Phone Number	Cell Number

PART 4 PERMISSION INFORMATION

My child has permission to use YCI-Powerhouse Project transportation

My child has permission to leave YCI-Powerhouse Project with staff supervision

My child has permission to leave YCI-Powerhouse Project unsupervised

Date Parent/Guardian Signature

PART 5 PRIVACY WAIVER

CONSENT FOR COLLECTION, USE AND DISCLOSURE OF INFORMATION

Yes By selecting "Yes", I consent to the collection, use and disclosure of my personal information during the course of my or my child's access of services for the purposes set out by the Young Carer's Initiatives Privacy Policy.

No By selecting "No", I consent to the use of my personal information only for the purpose of permitting the Young Carer's Initiative to communicate with me.

Yes I consent to my contact information being published in Web or print directories for staff purposes by the Young Carers Initiative.

No

Yes I consent to my child's name and picture being published in Web or print directories for publicity produced by the Young Carer's Initiative.

No

Yes I consent to my child's name and pictures being published in Web or print directories for publicity produced by Young Carers Initiative and or its branches.

No

How did you hear about us?

School Community agency Friend/family Internet Other _____

Date Parent/Guardian Signature



Guidelines for Participation

Young Carers Initiative recognizes that it has an obligation to create and maintain a healthy physical and emotional environment for participating children, volunteers and staff during all program activities. These guidelines are created to promote a successful environment so that everyone involved will have a great time and enjoy the programs to the fullest extent.

***We would appreciate parents discussing the following “general rules of conduct with their child(ren) before they begin participating in programs.**

General Rules of Conduct

- ❖ Be a team player and follow the rules.
- ❖ Listen to program staff and volunteers to the best of your ability.
- ❖ Be respectful to the program environment, your fellow members, staff, volunteers and yourself.
- ✓ I have read the rules with my parent(s)/guardian(s) and I understand that if any difficulties with my behaviour arise, I will be asked to leave the activity until I am ready to act appropriately, then I will be able to rejoin the group.

Parent's Name: _____

Child's name: _____

Parent's Signature: _____

Child's Signature: _____

Date: _____

Date: _____