

COOL AID SOCIETY

Youth Registration Form

GENERAL INFORMATION

Date of Registration:
mm/dd/yyyy

Staff Signature:

Program: After School Care Program Tween Program Teen Program Youth Summer Program Teen Summer Program

Cool Aid Society charges a fee of \$50/month for our After School Care Program and Teen Program and a fee of \$100/month for the Youth Summer Program. Our teen programs are provided free of charge. Participation in our paid programs is subject to the completion of the Automatic Withdrawal Form included with the registration package. The fee covers all eligible program days for the month and is non-refundable. Please provide 30 days notice for cancellation or changes to your payment information.

YOUTH INFORMATION

First Name:

Last Name:

School:

Grade:
(as of September 1st)

Primary Address:

Secondary Address:
(if applicable)

Date of Birth
(mm/dd/yyyy)

Age:

Gender: M F X

PARENT/GUARDIAN CONTACT INFORMATION

First Name:

Last Name:

Relationship to Youth:

Email:

Home Phone:

Mobile Phone:

Work Phone:

First Name:

Last Name:

Relationship to Youth:

Email:

Home Phone:

Mobile Phone:

Work Phone:

Yes, I would like to receive updates and news about Cool Aid Society Events and Programs via email.

EMERGENCY CONTACT(S)

First Name:		Last Name:	
Relationship to Youth:		Email:	
Home Phone:	Mobile Phone:	Work Phone:	
First Name:		Last Name:	
Relationship to Youth:		Email:	
Home Phone:	Mobile Phone:	Work Phone:	

MEDICAL CONDITIONS & RESTRICTIONS

Does your child have allergies? Yes No

If yes, please provide a list of all allergies: _____

Does your child carry any of the following medical items? Inhaler EpiPen Insulin

Are there any other medical, learning disabilities, or behavioural conditions that the staff should be aware of? Yes No

If yes, please explain:

Does your child have an aid at school? Yes No

Are there individuals who are restricted from having contact with or picking up the youth? Yes No

If yes, please provide the restricted Individual(s) full legal name, description, and a clear photograph for our records:

DISCLAIMERS

_____ (initial)	I understand that my child(ren) and I, as the parent/guardian, have read, understood, and agree to abide by the policies, rules and regulations of Cool Aid Society.
_____ (initial)	I understand that Cool Aid Society Centres have video surveillance both within the buildings and on the grounds.
_____ (initial)	I understand that Cool Aid Society programs are drop-in and available on a first come first served basis. The monthly fee I pay does not guarantee attendance for every program day and cannot be refunded if my youth fails to attend program days for the month that was paid for.
_____ (initial)	I understand that my youth's attendance at Cool Aid Society is subject to their conduct and that if my youth fails to follow the centre rules that I may be required to pick them up early.
_____ (initial)	I understand that Cool Aid Society is an inclusive environment and individuals of all religions, cultures, races, and orientations are welcome and celebrated.

RELEASE AND INDEMNIFICATION

The youth drop-in programs offered by Cool Aid Society may include, but are not limited to, participating in outdoor activities, visiting recreational facilities, being transported or walking to and from locations, participating in educational presentations delivered by in-house or third party speakers, and using property owned or in the control of Cool Aid Society.

In consideration for the permission to participate in the activities and use the facilities, I acknowledge and covenant on behalf of my heirs, representatives, agents and assigns with Cool Aid Society and their subsidiaries, directors, officers, members, employees, coaches, volunteers, instructors, agents and representatives, past and present (collectively, "Releasees") as follows:

I understand and acknowledge that the activities associated with Cool Aid Society bear certain known and unknown risks, hazards and dangers that could result in physical or mental injury, disability, death, illness or disease or damage to me/my youth and my/my youth's property. I understand and acknowledge those risks may result in claims against the Releasees. However, I am making an informed choice to voluntarily accept such risks and the possibility of physical or mental injury, death, property damage, loss or expense resulting therefrom.

The youth and I waive any and all claims that we might have against the Releasees and release the Releasees from any and all liability for any loss, damage, physical or mental injury, disability, death, illness, damage or expense that we or a third party may suffer as a result of the youth's participation in the Cool Aid Society, due to any cause whatsoever including but not limited to negligence on the part of the Releasees.

The youth and I shall indemnify, defend and hold harmless the Releasees from any and all liability, claims, demands, actions and causes of action or any loss, damage, physical or mental injury, death or expense sustained by me, the youth or any other third party which in any way arises out of or relates to the youth's participation in the Cool Aid Society or the youth's attendance at the Cool Aid Society's premises, due to any cause whatsoever including but not limited to negligence on the part of the Releasees.

If any term or provision of this Agreement is held to be invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement shall be governed by and construed in accordance with the laws of Alberta.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND IT, THAT I HAVE EXECUTED THIS AGREEMENT VOLUNTARILY AND THAT THIS AGREEMENT IS BINDING UPON ME, THE YOUTH, MY HEIRS, EXECUTORS, ADMINISTRATORS, AGENTS AND REPRESENTATIVES.

I acknowledge and represent that I am at least eighteen (18) years of age and fully competent; that I am the legal parent or guardian of the youth and that I execute this document for fully, adequate and complete consideration fully intending to be bound by the same.

Parent/Guardian Signature
Parent/Guardian Name:

Today's Date

Parent/Guardian Signature
Parent/Guardian Name:

Today's Date



780-357-9354



9645 PRAIRIE ROAD, GRANDE PRAIRIE, AB T8V 6G5



INFO@COOLAIDSOCIETY.CA



MEDIA RELEASE FORM

I hereby give the Cool Aid Society (the "Society") irrevocable permission to display, publish, use, exhibit, transmit, broadcast, reproduce, digitize, modify and republish my name, story, testimonial, photographs, digital images and videos, in whole or in part, or of my likeness, or in which I may be included with others (collectively, the "Material"). Such a publication may indicate the name of the city or place where the photograph was taken or the area where I live. I understand my street address will not be published.

The Material may be used before a variety of audiences which may include the Society's staff and directors, current and potential donors, grantees of the Society, news media, and the general public. Publication may appear in the Society's newsletters, annual reports, brochures, posters, website pages, social media or other forms of literature, including electronic and print.

I hereby irrevocably and unconditionally waive any right to inspect or approve the finished product(s) as well as any rights to privacy and compensation. The Material may be used for the purpose of promoting the Society and its programs, among other purposes. The Society owns and retains all right, title and interest in the Material in perpetuity. I release and hold harmless the Society and its employees, directors, agents and assigns from any and all claims arising out of this collection, retention and use of the said Material.

This information is being collected and protected pursuant to the *Freedom of Information and Protection of Privacy (FOIP) Act*, RSA 2000, c. F-25, as amended from time to time. If you have any questions about the collection, use and disclosure of your personal information, please contact the Society at info@coolaidsociety.ca.

This agreement provides the Society with my absolute and unconditional consent, waiver, and release of liability, allowing the Society to publicize and use my name, story, photograph, video, likeness, and other personal characteristics and private information as set out above. By signing, I acknowledge that I have read and understood all of the terms of this agreement and that I am giving up substantial legal rights, including the right to sue the Society, and that I have been given the opportunity to obtain independent legal advice.

This agreement constitutes the entire agreement between the parties with respect to all matters herein. Any covenant or provision of this agreement which is or becomes illegal, invalid or unenforceable shall be severed from the balance of this agreement and shall be ineffective to the extent of such illegality, invalidity or unenforceability and shall not affect or impair the remaining provisions of the agreement, which shall remain in full force and effect. This agreement shall ensure to the benefit of and be binding upon the parties hereto and their administrators, successors and agents. This agreement shall be construed in accordance with the laws of Alberta.

I certify that I am authorized to sign this document and I acknowledge that I have read, fully understand and agree to the contents herein.

Date: _____

Name of Subject: _____

Address: _____

Signature of Subject: _____

Complete the following if subject is under 18 years of age:

I am the parent or legal guardian of the minor named above. I have the legal right to consent to, and by signing below, I hereby do consent in all respects to the terms and conditions of this Media Release and agree that both the minor and I shall be bound by all of its terms and conditions.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____



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AUTOMATIC WITHDRAWAL FORM

This Automatic Withdrawal Form is used for authorizing The Cool Aid Society of Grande Prairie to withdraw program fees directly from the payee's bank or credit/debit card account each month. Please complete all sections below.

Program fees are not considered a donation and not tax deductible.

Thirty (30) days written notice must be provided for changes or cancellations to this agreement.

Section One

Bank Name:

Bank Address:

Account Number:

Institution #:

Transit #:

*** Please include a void cheque or bank withdrawal/deposit form**

Section Two

Name:

Address:

Email:

Phone Number:

Number of Youth Participants:

Youth Participant Name:

Youth Participant Name:

Section Three

I hereby authorize The Cool Aid Society of Grande Prairie to initiate this automatic withdrawal from my checking or savings account each month. The authorization is to remain in effect until I inform The Cool Aid Society of Grande Prairie in writing to stop the withdrawal from the above stated account.

Signature _____

Date _____