



## YOUTH ACTION COMMITTEE 2021/2022 Registration Information

### PERSONAL INFORMATION

Participants Name:		Date of birth:	
Parent/Guardian:			
Address:			
Cell phone:		Home phone:	
		Work phone:	
Parent/Guardian email address:			
Emergency contact:			
Relationship to participant:			

### MEDICAL INFORMATION

Doctors Name:		Phone number:	
BC Medical Number (Care card):			
Medical Conditions (e.g. Asthma):			
Medications:			

Will staff need to administer medications (including epi-pens)?  YES (*If yes, contact the centre directly*)  NO

Allergies (food, medications, bees etc.):	
Does your child have behaviours or a disability that staff should be aware of? If yes, please list them.	

Does your child require extra supports to participate in the program?  YES  NO