

# SHIFT YOUTH PROGRAM Registration Form—1 Per Youth

## Youth's Information (please fill in a form for each youth you are registering):

YOUTH'S FIRST Name: \_\_\_\_\_ YOUTH'S LAST Name: \_\_\_\_\_  
YOUTH'S cell phone: \_\_\_\_\_ YOUTH'S E-Mail: \_\_\_\_\_  
Male  Female  Birthday: DD/MM/YEAR Alberta Health Care #: \_\_\_\_\_  
School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Swimming Level? Can swim with no life jacket  Can swim but needs life jacket  Has fear of water   
What, if any, level of swimming lessons has your youth achieved? \_\_\_\_\_

To your knowledge, please check off if your youth has a history of any of the following:

Aggressive behaviour     ADD/ADHD     FASD/FAE     ODD     Suicidal tendencies     Difficulty making friends  
 Anxiety disorders     Autism spectrum     Mental health concerns     Requires adaptations in their school classroom

If you checked off any of the above, please elaborate: \_\_\_\_\_

Health Concerns/Medications/Allergies/ Other information you think we should have (attach another page if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

## For safety and identification purposes, please provide a brief description of your youth:

Ethnicity: \_\_\_\_\_ Hair Colour: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Distinguishing features: \_\_\_\_\_

## ALL LEGAL Parent/Guardian Information:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship to youth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Alternate: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship to youth: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Alternate: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

If parents do not reside together, who has legal custody of the youth? (shared, sole custody, etc). Please detail.  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact – must be different from parents/guardians listed above

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to youth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

## For safety reasons, please check off all the ways your youth is allowed to leave Kids On Track programs:

Walking Home                       Parent Drop Off and Pick Up                       Public transit  
 Other \_\_\_\_\_

Please list any people **other** than legal parent or guardian allowed to pick up my youth from Kids On Track programs:  
\_\_\_\_\_  
\_\_\_\_\_

Does your youth attend any Kids on Track programs? Yes  No  Which ones? \_\_\_\_\_

**Office Use Only:** Consent signed (staff initials): Shift Youth Friday Nights \_\_\_\_\_ Shift Youth Day Camps \_\_\_\_\_ Jasper Youth Camp \_\_\_\_\_  
Forged Guys Canoe Trip \_\_\_\_\_ Hike Like A Girl \_\_\_\_\_ Shift Youth Retreat \_\_\_\_\_

Entered to database: \_\_\_\_\_