



Member Registration Form 2019-2020

All members MUST complete and return this form to the Post President BEFORE taking part in any Allied Youth Activities locally, regionally, or provincially. Posts will forward this completed form to Provincial Office within 14 days of receipt or the Post may be subjected to a late fee. A copy of the form must be retained by the Post Advisor and stored according to Access to Information and Protection of Privacy Act.

Member Information

Last Name	First Name		
Mailing Address	City/ Town	Postal Code	Gender
Home Phone	Cell Phone	Date of Birth	
Youth E-Mail Address	Parent E-Mail Address		
MCP Number	I consent for my dependent and I to be added to the AY NL mailing list Yes No		
Name of AY Post & Charter Number	Post Executive Position (if applicable)		

In case of emergency, please list TWO Emergency Contacts

Full Name	Relationship to Member	Home Phone	Cell Phone
Full Name	Relationship to Member	Home Phone	Cell Phone

List any allergies or special diet that we should be aware of.

Do you have any medical conditions or medical issues that we should be aware of?

By Youth for Youth

www.alliedyouth.ca

Allied Youth Provincial Office ♦ P.O. Box 21145 ♦ St. John's, NL A1A 5B2

♦ Email: contact@alliedyouth.ca

Allied Youth



The membership fee for Allied Youth NL is \$30.00/member and \$50.00/family.

I/We, the <u>parent/guardian</u> of the above-named member, our dependent, and the above-named member agree to the following:	
_____ Parent/ Guardian Initial	1. VIDEO / PHOTO RELEASE: I understand that photos, videos, and images of my dependent will be taken during the year while participating (or during travel to and from) Allied Youth events and may be used on the organization's website or in other forms of promotional materials for the organization. I give permission for Allied Youth Newfoundland and Labrador to use my dependent's image on their website or for promotional use.
_____ Parent/ Guardian Initial	2. MEDICAL TREATMENT RELEASE: I, as the parent/ guardian under circumstances as stated below, hereby authorize the staff member/chaperone/leader in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my dependent: 1. Where the health and well-being of my dependent is involved. 2. Where medical advice has been such that further services are required – services which require the consent of the parent/guardian. 3. Where all attempts to contact the parent/ guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the staff member/chaperone/leader in charge of the program as to what steps must be taken for the welfare and safety of my dependent.
_____ Parent/ Guardian Initial	3. PERMISSION TO PARTICIPATE: I understand that only the Allied Youth NL Board of Directors and local Post Advisors will use the information about my child submitted with this registration form. All information will be kept confidential to other personnel. I certify that all the information provided on this form is true and complete. Also, I agree to grant my child permission to participate in local, provincial, and international Allied Youth Events. By submitting this registration form on behalf of my child, I agree to accept all these terms.
_____ Parent/ Guardian Initial	4. PERMISSION TO BE ADDED TO THE MAILING LIST All-important information concerning Allied Youth NL (upcoming events, procedures, forms, etc.) is released electronically via our mailing list. I understand that I am granting permission to Allied Youth NL to add the personal email addresses provided on the form to the official AY mailing list, and that I can unsubscribe at any point upon contacting Provincial Office.

Dated at _____ in the Province of NL on this day of _____, 20____.
 (City) (Month/Day)

 Signature of Parent or Guardian

 Signature of Member

By Youth for Youth

Allied



Youth

ALLIED YOUTH NEWFOUNDLAND AND LABRADOR INC. ("hereinafter Allied Youth")

Waiver of Liability	
_____ Parent/ Guardian Initial	I/we the parent or guardian of the named above member fully understands that participation in certain activities, events, or meetings, hosted, organized, executed, planned or conducted by Allied Youth may cause or contribute to personal injury. Despite precautions, accidents and injuries may occur.
_____ Parent/ Guardian Initial	I/we the parent or guardian of the named above member, voluntarily assume all risks related to the participation in any Allied Youth related activities, events or meetings including, without limitation, any and all transportation to, from or at any Allied Youth event, activity, or meeting, or any other event, activity, or meeting that is connected with the above named member's affiliation with Allied Youth or transportation to, from or at any activity, event or meeting, that is connected with the above named member's affiliation with Allied Youth.
_____ Parent/ Guardian Initial	I/we agree to exempt, release, and indemnify Allied Youth including its' directors, agents, volunteers, assistants, drivers, employees, successors, assigns and facilities used from any all claims, demands, damages, actions or causes of action arising, or to arise, by reason of any act or deed undertaken whatsoever by Allied Youth or in conjunction with Allied Youth and from all claims or demands whatsoever in law or in equity which I, my heirs, executors, administrators or assigns can, shall or may have against Allied Youth.
_____ Parent/ Guardian Initial	I/we certify that I am/we are the parent or legal guardian of the above-named member and have the right to waive these rights contained herein.

Dated at _____ in the Province of NL on this day of _____, 20____.
(City) (Month/Day)

Signature of Parent or Guardian

Signature of Member

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