



Unit C - 450 Eighth Street  
Courtenay, BC  
V9N 1N5

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## Youth Take Action - Registration Form

I am interested in the program (please circle):

**Winter Stream**

**Spring Stream**

**Participant's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Current Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Any relevant medical conditions or allergies:

\_\_\_\_\_  
\_\_\_\_\_

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### Parent or Guardian:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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### Emergency Contact:

Name: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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I agree to take part in the YTA program – committing to attend YTA meetings and participate to my best effort. I will conduct myself respectfully and follow 'Safe Harbour' rules while attending YTA gatherings.

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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I give my consent to the above mentioned, as their legal guardian – to take part in the YTA program. I understand that my youth will be meeting representatives from various local organizations and discussing local and global social issues. I have signed the media release consent form allowing my youth's photographs, art and videos created during the program, to be used for promotional purposes of Volunteer Comox Valley, United Way and the organizations to which it may pertain.

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_