

2024 MEMBERSHIP FORM



The Quinte West Youth Centre is operated by the Committee for Innovative Thinking for Youth (C.I.T.Y.) in cooperation with several community groups and agencies partnering to deliver programs and services to youth ages 10-18 in Quinte West and surrounding area.

Membership is requested as a “safety step” to ensure appropriate communication with parents should there be an emergency.

Membership Fee - \$5.00 for the year

Name of Youth: _____ Age: _____

Date of Birth: Day _____ Month _____ Year _____ Current School: _____

Youth Home Address (Street/City): _____

Primary/Parental Contact:

Name: _____ Relation to Youth: _____

Home Phone: _____ Other Phone _____

Secondary Contact:

Name: _____ Relation to Youth: _____

Home Phone: _____ Other Phone _____

Would you like to be added to centre email list? Y / N (E-mail) _____

ATTENTION :

AS A PUBLIC SHARED FACILITY, WE ARE NOT ABLE TO PROVIDE A NUT FREE/ALLERGY FREE FACILITY

Are there any allergies, medical concerns, or other information you would like to share?

GENERAL ACTIVITY PERMISSION

I am the legal guardian to _____ (name of youth). I give permission for _____ (name of youth) to participate in supervised activities offered at the Quinte West Youth Centre. I understand that the Quinte West Youth Centre staff and volunteers will enforce the stated Boundaries. The Quinte West Youth Centre is a drop-in program with scheduled activities, skill development and access to community resources and as such, *youth come and go freely from the Centre* just as they would from a local store, arena or community centre.

Guardian Signature: _____

The Quinte West Youth Centre, their staff, or their volunteers DO NOT provide child care. The staff and volunteers at Quinte West Youth Centre are not responsible for your youth's arrival or departure from the Centre.

AGES 10 & 11 - SPECIAL CONSENT - PLEASE INITIAL ALL

I understand that the Quinte West Youth Centre will not provide child care for my youth. _____

I understand that youth age 10 & 11 will be attending the Centre with youth ages 12-18. _____

I am responsible for transportation of my youth to attend and depart from the Quinte West Youth Centre. _____

I understand that youth ages 10 & 11 are unsupervised during arrival or departure from the Centre. _____

I understand that youth ages 10 & 11 are responsible for informing parents of departure from the Centre. _____

MEDIA CONSENT

I hereby authorize any images/video/recordings taken of my teen to be used for media purposes including both traditional and digital or social promotional presentations and marketing campaigns. I also authorize use by the Quinte West Youth Centre of any media material created by my youth within and outside the Quinte West Youth Centre. I understand that my teen may be involved in activities that will be covered by news media and that they may be photographed and named in such events with their consent.

Guardian Signature

Date

CODE OF CONDUCT

We have created specific policies and procedures for *your safety* and the *safety of others*. These have been outlined throughout the Youth Centre. Please sign and date this form to agree to follow them while at the Quinte West Youth Centre. We have a strict no hands-on policy – **if a youth is found to have physically assault a fellow youth, they will be asked to leave the premises immediately.**

If you choose not to follow the boundaries, you will be directed to leave Quinte West Youth Centre's Property.

Duty to Report

Under section 125 of the Child, Youth and Family Services Act every person who has reasonable grounds to suspect that a child is or may be in need of protection must promptly report the suspicion and the information upon which it is based to a Children's Aid Society.

Guardian Signature

Youth Signature

Staff Signature

Date