



# 2024 Empowering our Youth Conference

Kelowna BC March 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup> – 2024

## Registration Form (Youth)

Questions, please contact.

Empowering our Youth Conference Coordinator Hillary Avoledo or Yvonne Funk

S.A.G.E. Trainers 291A North 2<sup>nd</sup> Ave. Williams Lake BC V2G 1Z7

Cell 250-267-2991 or 250-398-7137 --Fax: 778-412-9790 or-- email [2024eyc@gmail.com](mailto:2024eyc@gmail.com)

### YOUTH INFORMATION

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#### YOUTH INFORMATION

Name: \_\_\_\_\_

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

City/ Community postal code \_\_\_\_\_

Home phone number/Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Personal Health Care Number \_\_\_\_\_ Gender: \_\_\_\_\_

Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

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### PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_  
(Parent/Guardian #1) (Parent/Guardian #2)

Cell Phone: \_\_\_\_\_  
(Parent/Guardian #1) (Parent/Guardian #2)

Email: \_\_\_\_\_  
(Parent/Guardian #1) (Parent/Guardian #2)

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**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Medical Information and Release Form**  
**All information is kept private and confidential:**

**Name of Participant** \_\_\_\_\_

**MEDICAL INFORMATION**

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share ANY information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE

<p>Does the participant have any dietary restrictions?</p> <p>Yes                      No</p>	<p>Select any restrictions that apply to this participant:</p> <p>Gluten free                      Vegetarian                      Peanut free</p> <p>Or any other food allergies</p>
<p>Is the participant allergic to anything?</p> <p>Yes                      No</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances, etc.)</p>
<p>Is the participant currently taking or has taken any prescription medication in the last 6 months?</p> <p>Yes                      No</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered</p>
<p>Does the participant have any emotional, physical, or sensory conditions?</p> <p>Yes                      No</p>	<p>List any emotional conditions that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.</p> <p>List any physical and/or sensory conditions of which we should be aware, or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).</p>

### RELEASE OF LIABILITY AND MEDICAL RELEASE

Name of Participant \_\_\_\_\_

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend S.A.G.E. Trainers and or CCATEC, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the S.A.G.E. Trainers or CCATEC, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the S.A.G.E. trainers or CCATEC.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, I give permission for the noted emergency contact to be notified. I will not hold the S.A.G.E. Trainers or CCATEC responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### Use of Pictures and/or Video

I give permission for pictures and/or video of my child (Named above) engaged in activities related events at the Empowering our Youth Conference in publication or websites. Names of participants will not be used without expressed permission from the parent or guardian. If no box is checked below, we assume you give permission.

Yes

No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Pick-Up Authorization

In addition to the parent/guardian(s)/emergency contact listed above, please list the names of any possible persons authorized to pick up the above referenced youth participant. Please Note: Photo ID's must be presented at the time of pick up.

_____	_____	_____	_____
Name	Relationship to Participant	Primary Phone Number	Secondary Phone Number

_____	_____	_____	_____
Name	Relationship to Participant	Primary Phone Number	Secondary Phone Number

### Authorization (For Participants Ages 14 or Older)

Program participants will only be released at the scheduled program ending times, or times designated to the program by the parent/legal guardian. Please select from the check-out options listed below.

I do not grant my child permission to self-checkout from this program. Only the individuals listed above are authorized to pick-up and sign-out my child.



Signature of Parent or Guardian: \_\_\_\_\_

## 2024 EMPOWERING OUR YOUTH CONFERENCE

### YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign, and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at the 2022 EMPOWERING OUR YOUTH CONFERENCE:

**SHOW RESPECT:**

- ✓ No alcohol, drugs, or smoking will be tolerated during the weekend.
- ✓ Dress with modesty.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

**RESPECT FOR OTHERS:**

- ✓ All words and actions should be to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, and participating.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ Under no circumstances can a youth be in the room of a member of the opposite sex.
- ✓ No outside or unregistered visitors at the event will be permitted. ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage.

**OTHER INFORMATION:**

- ✓ Any damages caused by the participant will be charged to the participant.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the 2022 Empowering Our Youth Conference.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_ -

Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: .....

