

SYNERGY PROGRAM REGISTRATION FORM

SEPTEMBER 1 - AUGUST 31



SECTION A: REGISTRATION

Registration Date: _____ Program Name: _____

ARE YOU A SYNERGY MEMBER? Yes No IF NO, please complete this form completely.

IF YES: Please complete this section and move to **SECTION D** to complete payment information.

Has your contact information changed in the last six months? If so, please provide new information.

Address: _____ Phone: _____ Email: _____

*****LIABILITY WAIVER:** I agree to the terms set out in the Synergy Membership regarding **Assumption of Risk, Release of Liability, Transportation, Confidentiality, and Parent/Guardian Volunteer Assistance.** Synergy will act in accordance to my wishes with regard to Media Release and Participant Contact Information.

Parent Signature: _____ Date: _____

Parent / Guardian's Name (if participant <18yrs): _____ Cell: _____

Parent / Guardian's Name (if participant <18yrs): _____ Cell: _____

Address: _____ City/Town: _____

Postal Code: _____ Home Phone: _____

Primary Email: _____ Secondary Email: _____

SECTION B: PARTICIPANT(S) INFORMATION

First Participant Name: _____ (First,Last) Date of Birth: (m/d/y) _____

Does your child have any allergies or health conditions? Yes No Food Restrictions? Yes No

If so, describe: _____

Participant School: _____ Female Male

Second Participant Name: _____ (First,Last) Date of Birth: (m/d/y) _____

Does your child have any allergies or health conditions? Yes No Food Restrictions? Yes No

If so, describe: _____

Participant School: _____ Female Male

SECTION C: EMERGENCYCONTACT INFORMATION

Emergency Contact: (other than parent/guardian) _____

Relationship to Participant: _____ Emergency Phone: _____

SECTION D: PAYMENT

Please Indicate Preferred Method of Payment: Cash Cheque Credit Card

If paying by **Cash** or **Cheque** - please deliver payment to the Centre for Community Leadership.

If paying by **Credit Card** - please call 403-212-0242 to provide Synergy Staff with credit card information

OFFICE ONLY
PMT REC. _____
PMT AMT. _____

PLEASE CONTACT US IF YOU WOULD LIKE A COPY OF YOUR RECEIPT

NOTE: Full payment is required to reserve a spot in a program. **YOU ARE NOT REGISTERED UNTIL FULL PAYMENT IS RECEIVED & FINAL CONFIRMATION HAS BEEN SENT TO YOU. PLEASE MAKE CHEQUES PAYABLE TO: Synergy.** **REFUND POLICY:** Call 403-212-0242 to receive a refund ONLY IF you cancel 7 days prior to the start of a program. Synergy reserves the right to cancel programs or refuse registration. Full refund is given if the program is cancelled.
If you require financial assistance please contact Community Services at 403-207-7079

FOR NON SYNERGY MEMBERS ONLY

SECTION E: LIABILITY WAIVER

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (please read carefully)

I give permission for the above named participants to participate in **Synergy** programs and/or events. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each participant with reasonable care, but that **Synergy** cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS **Synergy**, and its staff, volunteers, and board, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

_____ Initial

TRANSPORTATION

I give permission for my child to be transported by program staff or via transportation arranged by program staff, under staff supervision, for the purpose of being able to attend this event/program. I understand that **Synergy** cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I assume the risk of his/her participation. I agree to release from liability, indemnify and hold harmless **Synergy**, its staff, volunteers, and board, from any and all claim and/or cause of action arising out of my child being transportation.

_____ Initial

CONFIDENTIALITY

Synergy Staff will hold in confidence, anything said to us by the participants registered in any of our programs (this includes parents, guardians and other professionals other than current **Synergy** staff/supervisors) unless the participant consents, in writing, that we may divulge their personal information to others.

Exceptions are as follows:

- We have a good reason to think they might harm themselves or someone else.
- We have a good reason to believe that they might be in need of protection.
- We are ordered by a court of law.

_____ Initial

By signing you agree to the terms above.

Parent Signature: _____

Date: _____

SECTION F: ADDITIONAL CONSENT

Email Notifications

Would you like us to contact you regarding future Synergy programming?

YES NO _____ Initial

By checking "YES" you consent to receiving email notifications from Synergy and their staff in the form of newsletters, email updates, volunteer requests, fundraising opportunities, donation requests, etc. You can unsubscribe from these notifications at any time by emailing "unsubscribe" to involved@yoursynergy.ca

Media Release

Through your child's involvement in Synergy programming, there will be times when they come into contact with the media, through media coverage of events sponsored by Synergy, media investigation of issues affecting youth in our communities, to inform the public of the activities, as well as other unforeseen circumstances. There may also be times when the news media may ask to interview and/or photograph Synergy participants. Synergy may also wish to use your child's photograph, voice or video recording for promotional and educational purposes, such as in publications, posters, brochures, newsletters, internet publications, and the Synergy website and social media platforms.

I give permission, now and in the future, for **Synergy** to use, for promotional and/or educational use only, any photographs, videotaped footage, or audio recording taken of the participant during any Synergy program or event.

YES NO _____ Initial

Participant Contact Information

On occasion, **Synergy** Staff will contact parents/guardians or program participants (your child) regarding Synergy programs and events through email, social media, by text or telephone. Contact information will not be given out to any external organization.

I give permission for **Synergy** to contact me and/or my child regarding Synergy programs and events through the above mentioned forms of contact.

YES NO _____ Initial

Participant 1 Phone # : _____

Participant 1 Email: _____

Participant 2 Phone # : _____

Participant 1 Email: _____

Please note that your child's ability to participate in Synergy programs is not conditional upon your agreeing to give consent for the Media Release or Participant Contact Information. If you wish to revoke consent, please contact Synergy at involved@yoursynergy.ca. This personal information is being collected for activities related to Synergy youth program registration. The personal information will only be used for the purpose(s) identified, and is collected and used in compliance with the Personal Information Protection Act. If you have any questions about this form or the collection or use of your information, you may contact SYNERGY at 403-212-0242