



Central Alberta Youth Unlimited / YFC

Central Office: 5025 50 St Lacombe, AB T4L 1X9

Phone: 403.789.CAYU

Email: info@cayu.ca

Web: www.cayu.ca

Drop In Centre Youth Membership Form

As the parent/ guardian of _____, I hereby provide my consent for my child to participate in the YU-TURN Programs, Events, Activities and Fundraisers.

Student Information:

| | |
|--|-------------------|
| Full Name of Youth: | Date of Birth: |
| Address: | City/Postal Code: |
| Any Medical Concerns: | Health Care Card: |
| Student Home Phone: Student Cell: | Student Email: |

Parent/Guardian Information:

| | |
|-------------------------------------|--|
| Parent/Guardian Name: | Parent/Guardian Name: |
| Home #: Cell #: | Home #: Cell #: |
| Parent Email: | Parent Email: |
| Emergency Contact Name and Phone #: | Are there any custody concerns that staff should be aware of? (If so, please talk directly to staff) |

Liability Clause: (Please initial that you understand and agree to the following statements)

___ I agree that Central Alberta Youth Unlimited/YFC (CAYU) will not be responsible for any injuries my child may sustain from/while participating in any CAYU activities/programs/fundraisers.

___ I understand and agree that Central Alberta Youth Unlimited/YFC is not a child care provider, and that while staff will take all responsible measures to maintain the safety of my child while they are attending a program, my child is free to come and go as they choose. Staff are not responsible for ensuring that my child stays onsite.

Medical Waiver:

___ I waive my legal right against the Central Alberta Youth Unlimited/YFC (CAYU) Staff/Volunteers for any loss, injury or damage suffered at any CAYU activities/programs/fundraisers.

___ I hereby authorize Staff/Volunteers of Central Alberta Youth Unlimited/YFC to have my child transported to the hospital for any emergency treatment that may appear necessary in the event that I cannot be contacted immediately.

___ I further consent to pay any medical expenses incurred that are not covered by my health insurance plan.

Parent/Guardian Signature: _____ **Date:** _____

Hope & Wholeness for All Youth

Revised: July 2011, October 2017, July 2019



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We aim to make the YU-Turn accessible for all young people. Drop In programs are free to attend.

Release of Information Form:

Due to the Freedom of Information and Protection of Privacy Act (FOIPP), we require written permission from parents/guardians for various activities/programs/fundraisers within Central Alberta Youth Unlimited/YFC.

I _____, the parent/guardian of _____:

DO ___/DO NOT ___ grant permission to Youth Unlimited/YFC to use any photographs, slides, moving pictures or sound recordings of my child in furthering the work of the agency.

DO ___/DO NOT ___ grant permission to Youth Unlimited/YFC to use my child's name in furthering the work of the agency.

Signed at _____ this _____ day of _____, 20____.

(place)

(number)

(month)

(year)

Parent/Guardian/Witness

Other Information:

We use a text service called Remind to communicate changes to our regular programming schedules. If you would like to be signed up for this service, please 1. Send a text to (418)800 7558 2. with the message : @020cc

Please add me to the Mailing List so I can receive quarterly newsletters via email. If the email address you wish to receive this communication at is different than the 'parent email', please add the address here: _____

Please add me to the email contact list so that I can receive short, monthly e-news updates. If the email address you wish to receive this communication at is different than the 'parent email', please add the address here: _____

I am interested in finding out about volunteer opportunities with Youth Unlimited.

I would like to know more about how to financially partner with Central Alberta Youth Unlimited an/or one of their staff members.

YU-TURN Expectations of Behavior



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| Behaviors | Consequences |
|---|---|
| Individuals are not allowed to bring either <i>TOBACCO, VAPING PRODUCTS OR ALCOHOL</i> into or on the property of the Drop In Center. | <ul style="list-style-type: none"> *Smoking and drinking are prohibited and unlawful for anyone under the age of 18 years. *Individuals in possession of either tobacco, vaping products or alcohol will be required to give the tobacco or alcohol to a staff member of YU-TURN, after which a written warnings will be given and the parent/guardian will be contacted. *YU-TURN reserves the right to access police involvement in situations involving tobacco or alcohol at their discretion if deemed necessary. |
| Individuals are not allowed to bring <i>DRUGS</i> into or on the property of the Drop In Center. | <ul style="list-style-type: none"> *Individuals in possession of drugs will be required to give the drugs to a staff member of YU-TURN, after which a written warning will be given and the parent/guardian will be contacted. *The police will be notified of the incident and further action will be taken as required by law. |
| Individuals are not allowed access to the Drop In Center if they are <i>UNDER THE INFLUENCE OF EITHER DRUGS OR ALCHOL</i> . | <ul style="list-style-type: none"> *Individuals under the influence of drugs and/or alcohol will be required to leave the Drop In Centre and will be given a written warning and the parent/guardian will be contacted. *If the individual is deemed to be at risk to himself or others or refuses to cooperate, parents/guardians, police and/or medical personnel may be called to escort the individual from the Drop In Centre. |
| Individuals are to respect one another. <i>VERBAL, PHYSICAL AND/OR SEXUAL HARASSMENT/ABUSE</i> will not be tolerated. | <ul style="list-style-type: none"> *Individuals who harass or abuse another individual will be asked to leave the Drop In Center and will be given a written warning. * *YU-TURN reserves the right to access police involvement in situations involving abuse of any kind at their discretion if deemed necessary. |
| Individuals are expected to refrain from Public Displaying of Affection while attending the Drop In Center. | <ul style="list-style-type: none"> *Individuals who engage in this type of activity will be asked to alter their behavior. *If individuals refuse to cooperate, they will be asked to leave the Drop In Centre and they will be given a written warning. * |

*All written warnings will be reviewed by the Program Coordinator or Executive Director. After two written warnings, suspension or expulsion may occur.



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YU-Turn Centre Expectations of Behavior Declaration

Parents/Guardians, please review the 'Expectations of Behaviour' chart on the following page and have your child initial that they understand the expectations below.

| | |
|--|---|
| | I have been informed of the 'Expectations of Behavior' of the Drop In Centre. |
| | I understand the consequences for violating the 'Expectations of Behaviour'. |
| | I understand that drugs, alcohol and tobacco and vaping products are not allowed in or on the premises of the Drop In Centre. |
| | I understand that if I choose to come to the Drop in Centre under the influence of either drugs or alcohol, I will be required to leave and that the police and/or parents may be notified. |
| | I understand that violence and harassment towards fellow members or staff of the Drop in Centre is not allowed. |
| | I also agree to respect the property and people within the Drop-In Centre. Failure to do so may result in loss of privileges or police involvement. |
| | I recognize that I have the right to be safe in the Drop in Centre. This includes emotional, physical and sexual safety. |

Name of Youth: _____

Signature of Youth: _____

Name of Parent: _____

Signature of Parent: _____

Date of Agreement: _____

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