**Participant Registration Form [Example]**

*To be completed by an adult staff member or volunteer. Please explain why are you collecting this information to parents/guardians and participants.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [Organization] ID No.  Same # as ID Photo | Ex. AF1 0001 | | | | | |
|  |  |  | | |  | |
| Registration Date | **dd.mm.yyyy**  Use first date they ever participated in your programs | | | | | |
| Program  circle all that apply | **Outreach | Skateboarding | Art Classes** (replace above with your own program names) | | | | | |
| Partner or  Outreach location if applicable |  | | Class  Group Name | | |  |
| Family Name |  | | Given Name | | |  |
| Gender | **Male | Female | Non-Binary** | | Birth Date | | | **dd/mm/yyyy** |
| Emergency Contact  Name |  | | Emergency  Contact Number | |  | |
| Nationality | **1.** | | Languages | **1.** | | |
|  | **2.** | |  | **2.** | | |
| Health Comments |  | | | | | |
| In School  circle one | **Yes | No** | | Highest Grade  Achieved |  | | |
| Disability  circle one | ❏ **None**  ❏ **Cognitive**  ❏ **Physical**  ❏ **Both** | | **Internally  Displaced  or refugee?** | **Yes | No** | | |
| Location of Work  circle one | * Helping family business at home * Working outside – businessshop * Working outside – informally   (selling, recycling)   * Work experience placement * Not working | | Family  Income Level  circle one | **Low | Lower Middle |**  **Middle | High** | | |
| Job of father or guardian |  | | Job of mother  or 2nd guardian |  | | |
| Media permission? | **Yes | No | Unsure** | | | | | |
| General comments | Ie. Number of siblings also attending programs, other comments | | | | | |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARENT / GUARDIAN INFORMATION** | | | |  |
| Emergency Contact Name |  | Relationship to child |  |  |
| Emergency Phone # |  | Email address |  |  |
| Partner organization  (if applicable) |  | School Name/Contact |  |  |
| **FORM CHECK** | | | |  |
| *All Information provided is confidential and will only be viewed by staff employed by* (insert your organization name here)*. Information is kept in a secure database.*    Remember to collect from parent / guardians:    ❏ Media Permission (signed form)  ❏ Risk / Waiver and Permission (signed form) | | | |  |

**Parent/Guardian Permission Form**

**Risk**

To lower the risk of injury, participants wear protective equipment. Anyone participating in skateboarding lessons is required to wear a helmet, knee pads, elbow pads and shoes, and follow strict rules in the skate park to ensure their safety.

Instructors monitor the participants in small groups at all times. Only trained instructors will administer First-Aid to injured participants. All full and part-time employees receive Child Protection Policy training to protect children from injury or maltreatment. As with any physical activity, there is some risk of injury with skateboarding.

By signing the release of liability and using the facility, the participant and the participant’s parent or legal guardian (if under 18) fully release and discharge (insert your organization name here), its employees, Skate Instructors and volunteers from any and all claims, demands, damages, rights of action or causes of action present or future, resulting from or arising out of the participant’s use or intended use of the skateboarding facilities and equipment.

**Participant Information**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media**

During programming, (insert your organization name here) and outside media approved by (insert your organization name here) may interview, photograph or take videos of your child for use in our publications, website, newspapers and for the promotion of (insert your organization name here).

**YES** Please circle YES if you understand and approve of this media policy

**NO**  Please circle NO if you do not wish for your child to be included in media coverage

**Permission**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed guardian’s name) allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed participant name) to join the skate sessions organized by (insert your organization name here) as described above.

I understand that the act of skateboarding necessarily involves risk of injury to the participant and other people and will not hold (insert your organization name here) legally or financially responsible for any accident that includes but is not limited to death, permanent or temporary paralysis, disability, physical or mental damage or other injury as well as damage to the participant’s equipment and personal property during (insert your organization name here) classes.

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

**Witnessed by** (staff member name and signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_