



Allied Youth of Newfoundland and Labrador REGISTRATION FORM 2011-2012



All members **MUST** complete and return this form to the Post President **BEFORE** taking part in any Allied Youth Activities locally, regionally or provincially. Posts will forward this completed form to Provincial Office within 14 days of receipt or the Post may be subjected to a late fee. A copy of the form must be retained by the Post Advisor and stored according to Access to Information and Protection of Privacy Act.

Please print and complete application in full

Member Information

Last Name	First Name		
Mailing Address	City/ Town	Postal Code	Gender
Home Phone	Cell Phone	Date of Birth	
E-Mail Address			
MCP Number			
Name of AY Post & Charter Number		Post Executive Position (if applicable)	

In case of emergency, please list TWO Emergency Contacts, who will be available to be reached:

Full Name	Relationship to Member	Home Phone	Cell Phone

List any allergies or special diet you have. It is very important we are aware of this information.

Do you have any medical conditions or medical issues that we should be aware of?

Allied Youth NL Membership Fees for 2011-2012 is \$20.00/member.



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**I/We, the parent/guardian of the above named member, our dependent,
and the above named member agree to the following:**

----- Parent/ Guardian Initial	<p>1. VIDEO / PHOTO RELEASE: I understand that photos, videos and images of my dependent will be taken during the year while participating (or during travel to and from) Allied Youth events and may be used on the organization's website or in other forms of promotional materials for the organization. I give permission for Allied Youth Newfoundland and Labrador to use my dependent's image on their website or for promotional use.</p>
----- Parent/ Guardian Initial	<p>2. MEDICAL TREATMENT RELEASE: I, as the parent/ guardian under circumstances as stated below, hereby authorize the staff member/chaperone/leader in charge of the program to secure such medical advice and treatment as may be deemed necessary for the health and safety of my dependent:</p> <ol style="list-style-type: none"> 1. Where the health and well being of my dependent is involved. 2. Where medical advice has been such that further services are required – services which require the consent of the parent/guardian. 3. Where all attempts to contact the parent/ guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian, it will be at the discretion of the staff member/chaperone/leader in charge of the program as to what steps must be taken for the welfare and safety of my dependent.
----- Parent/ Guardian Initial	<p>3. PERMISSION TO PARTICIPATE: I understand that the information about my child submitted with this registration form will be used only by the Allied Youth NL Board of Directors and local Post Advisors. All information will be kept confidential to other personnel. I certify that all the information provided on this form is true and complete. Also, I agree to grant my child permission to participate in local, provincial and international Allied Youth Events. By submitting this registration form on behalf of my child, I agree to accept all these terms.</p>

Dated at _____ in the Province of NL this day of _____, 201_ .

Signature of Parent or Guardian

Signature of Member

Parents/Guardians, if you would be interested in participating in an online survey regarding Allied Youth NL, please provide your email address. An email with details regarding the survey will follow.
Parent's/Guardian's Email Address