



**QUESNEL YOUTH ACTION GROUP
EPIC GROUP (SOCIAL ENRICHMENT YOUTH GROUP)
REGISTRATION FORM**

PARTICIPANT'S NAME: _____

BIRTHDAY: _____ **AGE:** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE # _____ **CELL #** _____

EMAIL ADDRESS _____

EMERGENCY CONTACT: Name _____ **Phone** _____

DIAGNOSED CONDITION: _____

SPECIAL CONSIDERATIONS: (i.e. Medical problems, allergies or support needs)

FEE: \$50 PER MONTH - Payable by cheque or cash to Shareen Evans
Families may use respite dollars – Shareen is able to sign as a respite care provider

METHOD OF PAYMENT (CHOOSE ONE): ASD INVOICE _____

CHEQUE _____ CASH _____ GRANT APPLICATION: _____

ADJUDICATOR SIGNATURE (YAG MEMBER) _____

The parent/guardian understands that this participant shall be taking part in activities that may have some risk of harm to the individual participant. Every effort will be made to maintain appropriate supervision and safety of the participants.

I hereby agree as follows to waive any and all claims against Epic Group Facilitators, School District # 28, Quesnel and District Child Development Centre Association and Youth Action Group to hold harmless and indemnify the facilitators from any and all liability of any property damage or personal injury to the participant or any third party resulting from participation in the Epic Group activities.

SIGNATURE OF ADULT _____

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