

ELBERT CHARTRAND FRIENDSHIP CENTRE



YOUTH PROGRAM REGISTRATION

Childs Name _____

Female Male

Date of Birth _____ Age _____

Mailing Address _____

Parent/Guardian Name(s)

Home Phone _____ Work _____

Cell _____ Email _____

Family Doctor _____ Phone _____

MHSR _____ Pin # _____

Allergies _____

Emergency Contact Name _____

Phone _____

Please check the program(s)
your child is registering for.

- Square Dancing
- Tuesdays
- Fiddling/Guitar
- Thursdays
- Ages 8 – 17
- ECFC Youth Group
- Thursdays
- Ages 13 – 17
- Craft Club
- Mondays
- Ages 6 - 12
- Furs, Fish & Fins
- Twice a month
- Ages 10 – 17
- Breakfast Club
- Saturdays
- Lighthouse
- Swimming
- Gym nights
- Movie nights
- Hockey games
- Other activities



Elbert Chartrand Friendship Centre Code of Conduct

This document applies to: all children enrolled in ECFC programs

As a member I will:

- Fully participate in activities I attend and follow the rules set by ECFC
- Treat others courteously. Be nice, kind, helpful, supportive and respectful to other children, staff and any other program participants.
- Respect the privacy of others
- Respect facilities used for activities
- Use language that is respectful, polite and kind

When participating in activities I will not:

- Swear, shout or display disrespectful conduct
- Harass, taunt, ridicule, discriminate against or attack others
- Use threats of violence: i.e. hitting, shoving, pushing or any other behavior that is likely to cause a participant to feel unwelcome, singled-out or uncomfortable.
- Do anything illegal or unsafe.

Participant signature _____ Date _____

I acknowledge that final decisions regarding acceptable behavior/consequences are the decision of the adult supervisors of the activities in which my child is participating. I acknowledge that is the behavior of my child results in his/her dismissal from an event it is my responsibility to provide transportation for the dismissed child. I acknowledge that the staff determines whether my child can return to other events held by the Elbert Chartrand Friendship Centre.

Signature of parent _____ Date _____

In an event of an emergency, when I cannot be reached, I give permission for my child to receive medical procedures deemed necessary by my physician or a physician selected by Elbert Chartrand Friendship Centre staff.

Signature of parent _____ Date _____

I hereby give permission for my child to be photographed or video-taped for the purpose of publicity for the Elbert Chartrand Friendship Centre. I understand that my child may be identified by name in these publications.

Signature of parent _____ Date _____