



Registration Form youth activities

All personal information provided will be used in the event of an incident in order to ensure the safety of the users within the center. In addition, this information allows the MFRC to keep a profile of the users of the services offered at the MFRC. As well as to inform the family about the activities offered and to request their participation for the planning and the evaluation of the services.

If the parent does not wish to complete the form, the MFRC will not be able to offer the service to the youth, as it is important to have the information in case of emergency, for the safety of the youth, the group and the counsellor.

Child Information

Last name :	First name :	Date of birth :
Adress :		Postal code :
City :	Cell phone number for child aged 9-17 (if applicable):	
E-mail address of child aged between 9-17 years old (if applicable):		
Parent's email address:		
Spoken languages:		

I understand that by not entering my email address I will not receive the relevant information from the Montreal MFRC. I agree to collect the information on the Facebook page, the MFRC portal (crfmmfrcmtl.ca) or at sbmfc.ca.

Emergency - In case of an emergency, we must reach (cell number if possible).

Name of 1 st parent:	Telephone # 1:	Telephone # 2:
Name of 2 nd parent:	Telephone # 1:	Telephone # 2:
Name of a 3 rd person:	Telephone # 1:	Telephone # 2:
Relationship with the child:		

Persons authorized to pick up your child (other than the parents)

Name:	Telephone #1 :	Telephone #2 :
Relationship with the child:		
Nom:	Téléphone #1 :	Téléphone #2 :
Relationship with the child:		
Is your child allowed to leave the MFRC alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, at what time :		
Can they leave and return as they please throughout the day for activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Military information

Name:
Relationship with the child:
Service number (3 last digit):
Please select the military class: Regular <input type="checkbox"/> Reserve <input type="checkbox"/> Veteran <input type="checkbox"/> Veteran released for medical reasons <input checked="" type="checkbox"/>

Youth activities

As part of youth activities, cooking activities may take place or meals/snacks may be provided. Do you agree to your child consuming food provided by the youth sector during activities?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Medical Information

Does your child suffer from allergies (food, animals, drugs, others)? Yes No

If yes, specify:

Does your child have an adrenaline dose (EpiPen, Ana-kit, Twinject, Allerject) available to him because of his allergies? Yes No
If yes, the child must carry the adrenaline dose (auto-injector)

Does your child suffer from ailments and / or diseases (asthma, diabetes, epilepsy, migraine, other)? Yes No
 specify:

Does your child have special needs? (Language impairment, hyperactivity, ADHD, opposition, etc.) Yes No
 If yes, specify:

I authorize the MFRC to use, reproduce, publish, transmit, distribute and display photos and videos in which I participated. The MFRC may at any time use the photos and videos in its internal and external information materials, including website content, multimedia presentations, postings, advertisements and other promotional media.

Yes No

I authorize my child to go out outside the Loft in the presence of the Loft's animators (park, splash pad, walk, tennis court, etc.)

Yes No

Parent's signature: _____ Date: _____

Please return your completed, **secure form** to info.crfm@forces.gc.ca at least 48 hours before the start of the activity, or in person on the first day of the activity.

Pour l'administration		
Penelope		