



O-YA Participant Registration Form

Tell us about yourself!

First Name: _____

Last Name: _____

Gender: _____

Age: _____ **Date of Birth:** _____

School: _____

Address: _____

Email for Program Updates: _____

Emergency Contact(s): _____

Please list the names & phone numbers of people we can contact for you in case of emergency (like your parents!). Please list at least one.

Please list any health condition that O-YA Youth Workers should be aware of in case of an emergency:

Photo Consent

Please check here if O-YA has permission to take your photograph or video which may be used online, in print, electronic media and / or community newspapers for the promotion of O-YA programs and services?

In / Out Consent (for Chill Night; grades 4 - 6 only)

Please check here if your child has permission to come and go (unsupervised) from O-YA as they wish during Chill Nights.

(parent print name)

(parent signature)