



**Medicine Hat Youth Action Society**  
**Youth Wellness Centre**  
 524 3 Street SE  
 Medicine Hat, AB T1A 0H3  
 Phone: (403) 528-8068  
 Fax: (403) 527-3947

## Parent/Guardian Permission Form

This is to certify that I, \_\_\_\_\_ hereby give permission for \_\_\_\_\_  
(Parent/Guardian) (Youth)  
 to attend the Medicine Hat Youth Action Society (MHYAS) **Youth Wellness Centre (YWC)** and participate in its planned activities both in and out of the YWC. When participating in activities outside of the YWC, I allow him/her to travel with YWC Staff. I agree to release the MHYAS and YWC staff, volunteers and students from any liability and waive any claim for damages/injuries suffered by my child during his/her attendance at the YWC or during participation in special events.

*Please write your initials next to any/all of the following if you agree to the terms (these are optional):*

_____ <small>(initial)</small>	I authorize the MHYAS to take pictures and use photographs of my child for media and promotions. Such promotions may include: newspaper publications, media coverage, and pictures displayed within the Centre and on the MHYAS website & Facebook page.
_____ <small>(initial)</small>	I authorize the MHYAS to include my child in surveys that are periodically conducted under the guidance of the Medicine Hat Youth Action Society.
_____ <small>(initial)</small>	I authorize the MHYAS to allow my child to leave the Centre for a maximum of 20 minutes to go for supper. I agree to release the MHYAS and YWC staff, volunteers and students from any liability and waive any claim for damages/injuries suffered by my child while they are away from the Centre.

I acknowledge that I have read and agree to all terms and conditions stated in this permission form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please complete the following:

CONTACT INFORMATION			
Youth's Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Diagnosis/Health Concerns:		Ethnicity:	
Age:	Date of Birth:	Youth Cell:	
Address:		Postal Code:	
Parent/Guardian Name:		Relationship to youth:	
Home Phone:	Cell:	Work:	
Parent E-mail:		Youth E-mail:	
ALTERNATIVE EMERGENCY CONTACT INFORMATION			
Contact Name:		Relationship to youth:	
Address:		Phone Number:	



## Medicine Hat Youth Action Society's Rules and Expectations

1. No Swearing
2. Respect People's Personal Space and Property
3. No Smoking, Drugs or Alcohol (If you come in drunk or high you will be asked to leave)
4. No Touching (hugs are permitted with person's permission)
5. No Sexism, Racism, or Discrimination
6. No Bullying
7. Respect the Equipment (do not leave gaming equipment laying around, pool cues are to be used properly, if something becomes broken report it to a staff member immediately)
8. Please Sign In and Out with Proper Information (first and last name, date of birth, emergency contact information)
9. Clean Up After Yourself (materials that you were using, gaming equipment, food and garbage)
10. 15 minutes on Electronic Equipment if there are other people waiting to use the equipment (respect the timers)
11. Respect All Youth, MHYAS Staff and Community Member's
12. 20 minutes to leave the Centre to go get supper/lunch (staff must be asked for permission to do so)
13. Respect the Dress Code (no inappropriate comments or language on clothing, shorts/skirts must be appropriate length, bra straps are not to be seen, chest must be covered- if dress code is not respected you will be sent home)

If rules are not being followed the youth will be sent home for the rest of the day/evening. If a youth continues to disrespect rules on numerous occasions then there be suspensions from the youth Centre.

X \_\_\_\_\_  
(youth signature)

X \_\_\_\_\_  
(parent/guardian signature)

Date: \_\_\_\_\_