



**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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