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**GirlSpace Registration Form**


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Participant's First Name	Participant's Last Name	Birth Date (dd/mm/yyyy)
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Age	Participant's Email Address (if applicable)
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( )	Participant's Cell Number (if applicable)	School	Current Grade
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Street Address	Apt # (if applicable)	City	Postal Code
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 Parent/Guardian's Name(s)

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( )	( )	( )
Home Number	Cell Number	Work Number

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 Parent/Guardian's Address (if different than above). *Please include mailing address.*


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 Parent/Guardian's Email Address(es)

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 The Participant will be attending the following GirlSpace group (please select only one):

 \_\_\_ **Junior** (ages 8-10)

 \_\_\_ **Intermediate** (ages 11-13)

 \_\_\_ **Senior** (ages 14-17)






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## Correspondence

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Throughout the year, there are many instances when the Program Coordinator or other YWCA staff may need to contact you. Some common reasons include: field trips, notification of special events, notification of group cancellations or time changes, to receive consent for certain activities, and sending out consent forms and program calendars, etc.

The majority of correspondence is done via email, but we acknowledge that not everyone has email, or uses it regularly. If you would like to be reached through another means as your primary communication mode, please let us know. You will still receive all group emails even if you choose a different primary contact.

**Please indicate your preferred primary communication below:**

\_\_\_ Email

\_\_\_ Telephone

Which is the best number to reach you? Home    Work    Cell

Can we leave a voicemail?    Yes    or    No

Can we send a text message?    Yes    or    No

\_\_\_ Other (please explain below)

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### Health & Safety

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Are your child's immunizations current? \_\_\_\_\_

If your child has allergies, please list them, as well as a description of their reactions and necessary treatment:

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List any medication(s) your child takes on a regular basis and for what medical condition:

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Are there any other medical issues we should be aware of? If so, please note them:

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If there are any other behavioural and/or emotional reactions we should be aware of, please note them below:

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Please state any other concerns:

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What are your expectations of your child's participation in GirlSpace? Is there anything in particular that you would like to see develop? (e.g., confidence, knowledge of certain topics, making friends, etc.)

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date






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## Consent to Participate

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### Youth Consent

I, \_\_\_\_\_, am committed to joining the **YWCA NWT GirlSpace Program** and consent to be a participant. I provide this consent knowing I need to attend and meet with the group and the Program Coordinator on a weekly basis, unless I am sick or the Program Coordinator is not able to attend. I will contact the Program Coordinator via email, text, or by phone to let her know when I cannot attend GirlSpace.

I understand that anything I say to the Program Coordinator and/or volunteers is confidential, which means that they cannot tell anyone else; however, if the Program Coordinator and/or volunteers feel that I am in an unsafe situation, they are legally obligated to tell someone who can help me. The Program Coordinator and/or volunteers will let me know if they need to break confidentiality.

Since I am in a group with other people, I understand that whatever is said within that group cannot be talked about outside of the group. If I do talk about another participant without their consent, make fun of what another person says in group, or gossip about someone else in the group, I will face behavioural consequences which may include being asked not to come back to group.

I provide this consent knowing about the activities of GirlSpace, and do so freely with the understanding that I may give or take back this consent at any time.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**If consent is revoked, please let the Program Coordinator know in writing.**

### Parent/Guardian Consent

I, \_\_\_\_\_ (Parent/Guardian), having legal responsibility for \_\_\_\_\_ (Participant) to be a participant in the **YWCA NWT GirlSpace Program**. I provide this consent having read the above Youth Consent Section, and knowing about the activities of GirlSpace, and do so freely with the knowledge that I may give or take back this consent at any time.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Consent to participate in GirlSpace is required by both the youth and the Parent/Guardian with legal authority. If consent is revoked, please let the Program Coordinator know in writing.**





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**Release of Liability & Assumption of Risk**

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By signing this agreement, you will waive certain legal rights including the right to sue  
**PLEASE READ CAREFULLY**

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different than above):  
\_\_\_\_\_

Is your child permitted to walk home alone? Yes or No

If not, please name individual(s) permitted to pick up your child at the end of each session:  
\_\_\_\_\_  
\_\_\_\_\_

We advise you that by registering your daughter in the YWCA NWT GirlSpace Program, she will be participating in light physical activity (e.g., games). Waivers will be sent out prior to any activities requiring the group to leave our regular programming location.

Although the program activities are not considered dangerous or high risk, by signing this agreement you will be releasing YWCA NWT from any responsibility for any accident occurring during the program hours, including special events (e.g., field trips). This waiver refers to the usual risks that are involved with the activities outlined in our program schedule. It is yours and/or your child's responsibility to inform the Program Coordinator if you and/or your child are not comfortable participating in any of the scheduled activities, or if there is any reason why she should not participate.

**(Continued on next page)**





**THIS AGREEMENT IS A RELEASE OF CLAIMS, AND BY SIGNING IT YOU:**

FREELY ACCEPT AND ASSUME THE RISK OF and hold YWCA NWT and its agents, officers, directors, employees, contractors, and affiliated companies (collectively the "Releasees") harmless from any liability for any physical or other injury or harm suffered by your child during or as a consequence of participating in such other strenuous physical activity.

RELEASE AND HOLD HARMLESS THE RELEASEES from any liability with respect to your child arising out of or connected with your child participating in GirlSpace due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, on the part of any of the Releasees.

AGREE THAT THE RELEASEES WILL NOT HAVE ANY LIABILITY.

I hereby consent to have my child being interviewed, photographed, and/or video recorded by or for the YWCA NWT for promotional purposes now and in the future. By checking the following headings, you agree to have your daughter participate in:

- ☐ Print media, including YWCA NWT annual reports, newsletters, and/or pamphlets
- ☐ Photographs, including those used in print media listed above, and in presentations
- ☐ Posting photographs on the internet, such as the YWCA NWT website and/or social media
- ☐ Participating in video/audio recording created by the YWCA NWT and posted on the internet
- ☐ I do NOT want my child to be interviewed, photographed, or recorded  
(only select this option if you have not selected any of the other options above)

By signing below, you agree that you have carefully read and understood this Agreement and in allowing your child to participate in the YWCA NWT GirlSpace Program, you agree to the foregoing.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date






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## Consent – Response to an Emergency

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### EMERGENCY INFORMATION

Child's Family Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Child's Health Care Number (**REQUIRED**): \_\_\_\_\_

### Alternative Emergency Contact (other than Parents/Guardians):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

In the unlikely case of a medical emergency and the contact person is unavailable, I, \_\_\_\_\_, am the Parent/Guardian of \_\_\_\_\_ (Participant), authorize the staff of the YWCA NWT GirlSpace Program to provide my child with medical care. I provide this consent freely with the knowledge that I may give or revoke consent at any time.

I, \_\_\_\_\_, am the Parent/Guardian of \_\_\_\_\_ (Participant), hereby authorize the staff of the YWCA NWT GirlSpace Program to have my child transported to the Stanton Territorial Hospital for emergency or non-emergency situation which requires medical treatment, in the event that Parents/Guardians, or the designated emergency contact person cannot be reached. I am aware that this decision will be made by a YWCA NWT Director, or the Executive Director. As well all cost incurred by the transportation of my child will be paid by the Parent/Guardian.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**If consent is revoked, please let the Program Coordinator know in writing.**