



Youth Education and Safety Program Application Form



Please fill out this form and return it via mail, fax, email, or in person to: Sandra Figueira, Youth Program Coordinator, Brampton Safe City Association, 16 George St. N, Brampton, ON, L6X 1R2 or fax: 905-458-7402. Email: sandra.figueira@brampton safecity.ca. Deadline to return the form is Thursday June 30th, 2011.

Applicant Information:

Student Name:

first

last

Age:

Grade:

Gender (optional)

Current School:

If attending high school in the fall, please identify which one:

Do you require bus tickets to get home (circle one): YES NO

Mailing Address (address will be used for purpose of medical emergencies, mailing of YES Letter/Certificate in the event of absence)

Apt/Unit #

Street Address

City

Postal Code

Home Telephone:

Alt. Phone #:

Applicant Cell:

Applicant Email:

Alternative Email:

Medical Information: providing this information is to ensure your safety and health during any emergency while under the supervision of Brampton Safe City and the Peel District School Board.

In the space provided, please elaborate on physical weakness and any advice regarding personal habits, physical or emotional needs. Are there any physical activities the applicant should not participate in? (For example, Learning or attention difficulties, Allergies, Asthma, Chicken Pox, Epilepsy, Red Measles, Mumps, Hepatitis, Appendicitis, Tonsillitis, German Measles, Fainting, Sinus Trouble, Sleep Walking, Rheumatic Fever, Toothaches, Hay Fever, Ear Infection, Frequent colds, Whooping Cough, Severe Stomach Aches, Communicable diseases etc).

Medication applicant is currently taking:

Is this medication self regulated and administered?

Physician Name:

Phone Number :

Health Card # (HCN): (optional)

Emergency Contact 1:

Name: _____ Relationship: _____

Phone: ()

Alt Phone: ()

Emergency Contact 2:

Name: _____ Relationship: _____

Phone: ()

Alt Phone: ()

Parental Authorization: Dear parents, if your child is under the age of 18, your permission is required to authorize Brampton Safe City Association to use your child's name and image in video or photos for the purpose of public education or marketing materials related to our not-for-profit community safety efforts in the City of Brampton. You reserve the right to revoke this permission at any time in the future by informing the Association.

Parents' Signature: _____ Date: _____

Student Pledge:

I understand that I am solely responsible for my actions while attending this five day summer program and I can be held liable for any damages to property or a person; stolen property; misuse of property. I am aware that I must be mature and responsible and uphold the safety of others by being respectful while in this program.

Students' Signature: _____ Date: _____

