



Brockville Police and Stingers After-School Program Youth Membership Registration Form MEMBERSHIP IS FREE TO ALL YOUTH GRADES 7-12

First Name:	Last Name:						
Age:	Date of F	Birth (Birthda	y): Day	Month_	Yea	ar	
Gender (Optional):	Male:	_ Female:	Transge	nder:	Non-Identifi	ed:	
Address:			City:		Postal C	ode:	
Cell Number:			Home Pho	ne Number:			
School:					Grade:		
Health Card Number	er:						
Allergies/Medical C	Condition/M	edications: _					
Why are you comin	g to the Pro	gram? (Circl	e)				
Laser Tag	Sports		Hang Out	Sn	acks/Food	Get Support	
IN CASE OF EMERO	GENCY ***	we need to kno	ow who to call!	***			
Name of Parent/Guardian: Relationship:							
Phone Number:							
What we ask of you:							
We periodical internet.	the Program ly take photos	if you are unde and video for p	r the influence o promotional purp ur picture posted	poses and you	ı understand that	these may be shared on the	
	If you ch	oose NOT to	be respectful	l, you WILL	be asked to le	ave.	
A Few Q's							
1) How did you hear ab	out the After	-School prograr	n?				
2) What do you usually	do after scho	ool?					
I understand my respo							
Youth Signature:			Date:				