



**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 Birth (Birthday): Day _____ Month _____ Year _____
 Gender (Optional): Male: _____ Female: _____ Transgender: _____ Non-Identified: _____
 Address: _____ City: _____ Postal Code: _____
 Cell Number: _____ Home Phone Number: _____
 School: _____ Grade: _____
 Health Card Number: _____

Allergies/Medical Condition/Medications: _____

Why are you coming to the Program? (Circle)

Laser Tag Sports Hang Out Snacks/Food Get Support

IN CASE OF EMERGENCY ***we need to know who to call! ***

Name of Parent/Guardian: _____ Relationship: _____

Phone Number: _____

What we ask of you:

1. Be respectful to others and to property.
2. Do not attend the Program if you are under the influence of ALCOHOL & OTHER DRUGS.
3. Follow COVID rules and precautions put in place.
4. We periodically take photos and video for promotional purposes and you understand that these may be shared on the internet.

Check here if you **DO NOT** want to have your picture posted on social media _____

If you choose NOT to be respectful, you WILL be asked to leave.

A Few Q's ...

1) How did you hear about the After-School program? _____

2) Did you come to the After School or Summer Program before? _____

I understand my responsibilities as an After-School Program member.

Youth Signature: _____ Date: _____