For office use only

Group _____	*Location* _____	*Date*_____

REGISTRATION – Literacy on its Feet – Drama Stream

Date _____

Learner's Name _____

Date of Birth (dd/mm/yr) _____

Adult contact name(s) _____

Relationship to learner _____

Is anyone else involved in decision-making for this participant? ☐ No ☐ Yes (if yes, please include name and contact information) _____

E-mail Address_____

Mailing Address: Box # or Rural Route _____

Street Address or Fire Number_____

Town/postal code_____

Phone Number: Primary _____ Other _____

Can we text you? ☐ No ☐ Yes What is the ***best*** way to reach you? _____

Participant's Current Grade_____School_____

What do you hope to achieve with participation in this program?_____

_____

Any background in drama? This doesn't affect your coming into our program, just helps us place you. No ☐ Yes ☐ (provide details below)

_____

_____

How far are you willing to travel to take part? (town/distance) hometown _____

15 min ☐ 30 min ☐ 45 min ☐ 1 hr ☐ other _____

How did you hear about our program?_____

For parents:

By enrolling in any Youth Literacy Program, a parent is registered as a member of the organization, and entitled to a vote at general meetings.

Parent /Learner Contract

This is about protecting your information and keeping your information secure.

- I am willing to release the following information to the South Grey Bruce Literacy Council:
    1. My phone number and contact information
    2. Student's interests, hobbies

- I support the work of the program and will try to assist with its operations as requested.

- I understand that if I have any concerns, I will bring them to the attention of the Co-ordinator or the Board. I will notify the Co-ordinator if the child I am speaking for is unable to complete the program.

- I am willing to make a commitment to Literacy on its Feet and agree to keep in touch with the Literacy Council through the Co-ordinator or Workshop Leader, especially if the program is not meeting my expectations.

- I understand that all workshop leaders with the program are volunteers and that they are not permitted to receive remuneration for their efforts on my child's behalf.

- I give permission for the image of the participant in my care to appear, without payment, in Youth Literacy promotional material ☐ online ☐ ads & literature

- I understand that there is risk involved in any activity and hold Youth Literacy blameless in the event of personal injury.

Parent/Guardian_____ Co-ordinator_____

Date: _____