



DATE SUBMITTED: _____

Program Registration Form

Participant Information

Youth Name: _____

Preferred Pronoun (he/she/they/other): _____ Youth Phone Number: _____

Address: _____ Email: _____
 _____ Other: _____

School: _____ Date of Birth: _____

Parent/Guardian Name (s): _____

Parent/Guardian Phone Number (s): _____

Parent/Guardian Phone Number (s): _____

Emergency Contact Information

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home: _____	Home: _____
Cell: _____	Cell: _____

Medical Information

Health Card Number: _____

Physician's Name: _____

Phone Number: _____

Does your child have any physical, emotional, mental or behavioural concerns that the FORT should be aware of? Please describe;

While the FORT strives to be a resource for all youth, we are unable to provide programming tailored to special needs students. If your child has special needs or you are concerned about their behaviour during programming, please consult with a Programmer before registering. FORT staff will not administer medicine or assist with personal care duties. All students at the FORT are held to the same behavioural standards, and may be asked to leave if they are disruptive, aggressive, or violent.

WWW.THEFORTYOUTHCENTRE.COM

Authorization for Participation

I give permission for my child/ward to participate in programming at the Foundation of Resources for Teens (FORT). I understand programming will be offered from FORT, and from nearby outdoor spaces and I give permission for my child/ward to attend both indoor and outdoor programming.

I understand that the FORT offers recreational and educational programming to children and youth and it is not a daycare/ babysitting service. I understand program staff are not responsible for my child/ward's attendance and that my child/ward is permitted to leave the program at a time of their choice. In case of a medical emergency, I understand that every effort will be made to contact me and any alternate emergency contacts provided. If I cannot be reached, or if I cannot be reached in a timely manner thereby causing significant delay in required medical treatment, I give permission to staff to arrange for transportation to the nearest medical facility and to secure the services of a licensed physician to provide the necessary care, including anesthetics or surgery, for my child/ward's well being. If my child/ward should require basic medical treatment, I give permission to staff to secure and/or provide appropriate treatment.

I understand that staff may collect data relating to my child/ward's participation in programming for program evaluation purposes and I am assured this data will be collected anonymously. I understand that my child/ward's name and age may be provided to funders for evaluation and financial reporting purposes. I give permission for my child/ward to complete surveys, provide testimonial throughout the year and I am assured that all information will be collected anonymously. I understand that my child/ward may be photographed by participants for use in program delivery. I understand that the FORT utilizes security cameras for the protection of both staff and youth, that my child/ward may be recorded during programming, and that these recordings are stored securely and not made public except when required by an investigation by the FORT or law enforcement.

I understand that the FORT reserves the right to ask participants to leave for the remainder of the program or for certain durations of time if FORT rules are not met or staff finds the participant to be acting in a disruptive/ dangerous manner. While I understand that every precaution will be taken to ensure the welfare and protection of my child/ward, I hereby waive, release, absolve, indemnify, and agree to hold harmless the FORT, its service-providers, directors, officers, organizers, sponsors, staff, volunteers, participants, and affiliates from and against all liability because of any bodily injury or property damage, known or unknown, which may occur or result from participation of my child/ward in any and all activities on or off program property.

Parent/Legal Guardian Signature

Date

Authorization for Publication

I grant permission for the FORT to:

Retain writing, drawings, and other forms of artwork of my child/ward for the purpose of publication. I am assured that my child/ward's last name will not be used.

Produce photographs, video, or electronic media images of my child/ward. This authorization is given on the condition that the material taken or produced will be used for the purpose of community education or program promotion, including that by United Way of Niagara and our program partners. I am assured that my child/ward's last name will not be used.

I understand that no compensation will be given to me or my child/ward for use of his/her artwork and/or image. I am assured that my child/ward's artwork and/or image will not be shared or sold to other organizations.

Parent/Legal Guardian Signature

Date



**United Way
Niagara**

**CONSENT FORM FOR USE OF TESTIMONIALS
FOR PRINT AND/OR INTERNET USE**

I, _____, grant permission to United Way Niagara, and persons acting for or through them, the right to use, reproduce, and/or distribute testimonials provided by me and/or my child, _____, for the purpose of promoting activities, services, or programs funded by United Way in the following manner:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. United Way website (www.unitedwayniagara.org) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Social media outlets (Facebook, YouTube, Twitter, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Print promotional materials YES | <input type="checkbox"/> | <input type="checkbox"/> |

Signature

Date

Witness Signature

Date

Signature

Date

Signature of Guardian

Date

Note: If the individual is younger than 18 years of age, his/her parent or guardian must sign.

The Foundation Of Resources For
Teens

Code of Conduct



Introduction

The purpose of this document is to ensure that everyone understands what behaviours support a positive and inclusive community—and which actions may disrupt it. By reviewing and signing below, both **youth participants and their parent or guardian** acknowledge that they have read and understand these expectations, and agree to uphold them while involved with The FORT.

Our Commitment

At The FORT, we are committed to creating a safe, welcoming, and respectful environment for all youth, staff, and visitors. This Code of Conduct outlines the expectations for behaviour while participating in any FORT programs, activities, or events.

Who This Applies To

The following outlines behaviours that are not acceptable at The FORT. These expectations apply to all participants, staff, volunteers, and visitors to ensure a safe and respectful environment for everyone.

Code of Conduct

By signing this code of conduct, you acknowledge your responsibility to:

Respect & Behaviour

- **Disrespecting Staff or Peers:** Speaking or acting in a rude, dismissive, or deliberately unkind way toward others.
- **Inappropriate Conversations:** Engaging in conversations that are offensive, sexual, or that make others uncomfortable.
- **Harassment or Bullying:** Repeated teasing, name-calling, exclusion, or intimidation of others (in person or online).
- **Inappropriate Language:** Use of profanity, slurs, or discriminatory remarks of any kind.
- **Dishonesty or Misrepresentation:** Providing false information or lying to staff or peers.

Physical Conduct

- **Physical Aggression:** Hitting, kicking, shoving, or any form of physical violence or threat.
- **Unwanted Touching:** Any physical contact that is unwanted or intended to bother or annoy another person (e.g., poking, grabbing, pushing).
- **Inappropriate Touching:** Any physical contact of an inappropriate nature.
- **Roughhousing or Unsafe Play:** Engaging in overly physical play or activities that could result in harm.

Substance Use

- **Possession or Use of Alcohol or Drugs:** Bringing, using, or being under the influence of alcohol, drugs, or other intoxicating substances.
- **Showing Up Inebriated:** Arriving at The FORT while under the influence of drugs or alcohol.

Property & Safety

- **Vandalism or Damage to Property:** Intentionally damaging, defacing, or misusing The FORT's property or another person's belongings.
- **Theft:** Taking anything that does not belong to you, including staff or peer property.
- **Unsafe Behavior:** Engaging in actions that could cause harm to yourself or others (e.g., misuse of equipment, ignoring safety rules).

Conduct Expectations

- **Refusal to Follow Directions:** Ignoring or refusing reasonable instructions from staff or volunteers.
- **Disruptive Behavior:** Interrupting programs, being excessively loud, or preventing others from participating positively.

How to Report Issues

Speak Up: If you're uncomfortable or see something wrong, tell a program coordinator.

Investigation: We take every report seriously. We'll look into it promptly, respecting everyone's privacy.

Resolution: We'll do what's needed to fix the situation, which could include mediation or disciplinary action.

Resources

Even if a youth member faces disciplinary action that temporarily limits their access to programming or participation in certain activities, **they will still have full access to essential resources and support services.** These include, but are not limited to: Free professional mental health counselling, Emergency shelter and housing support services, Emergency clothing and food assistance, Community referrals and crisis support.

Together

By following this Code, we all contribute to a positive and creative environment at our centers. Let's work together to keep THE FORT a respectful and welcoming place for everyone. **Please return this signed form to staff before participating in programming.**

Youth Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>
Parent/Guardian Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>