



Uplift Youth Summit 2025

Participant Information

Participant's Name: _____ School/Home School: _____

Address: _____ Town: _____

Postal Code: _____ Home Phone: _____

Date of Birth (m/d/y): _____ Age _____ Grade: _____

DIETARY RESTRICTIONS (i.e. Food Allergies, Gluten or Dairy Free, etc.):

****Please note that we plan to serve a morning snack (banana pancakes) and afternoon snack (popcorn and apples). Please pack a nut free lunch and water bottle.****

ANY INFORMATION STAFF NEED TO KNOW ABOUT (i.e. Epi Pen, etc.):

Contact Information

Primary Contact:

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Secondary Contact (mandatory):

Name: _____ Relationship: _____

Daytime Phone: _____ Cell Phone: _____

Program Information

1) If you wish to receive program details via email please provide it below.

Email: _____

Name of Recipient: _____

2) Please identify those individuals who have permission to pick up your child from program:

1) _____ 2) _____

3) _____ 4) _____

3) My child has permission to walk home from program YES: _____ NO: _____

Program Participation Waiver

I understand the inherent risks involved in participating in recreation activities. I will therefore not hold any agencies, businesses, organizations, or individuals which are listed below, responsible for my possible risk of injury.

The Undersigned agrees to save harmless and keep indemnified the: Community Resource Centre Killaloe Inc., Renfrew County Youth Wellness Hub, ConnectWell Community Health, Township of Bonnechere Valley, their servants and agents, and any other businesses, organizations, and individuals, against any legal liability for losses, damages, claims, actions, demands, suits, and costs arising directly or indirectly by virtue of enrolment in the Uplift Youth Summit programming.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

Media Waiver

During the course of our program's activities we may take photos and/or videos. Checking yes will allow us to use your child(ren)'s pictures in newsletters, reports, displays, on Facebook and/or Instagram pages for advertisements of our programs and trips.

If for any reason you do not wish your child(ren)'s picture to be used please note that photos and/or videos may still be taken with your child(ren) in it, but they will not be published.

I agree to allow my child(ren)'s picture to be used YES: _____ NO: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____