

# YOUTH LEADER REGISTRATION FORM 2018

FOR THE GATHERING'S KIDS SOCCER CAMP

Ages: Youth 11yrs+

Date: July 16-19, 2018

## Youth Expectations

Youth are held to the same standards as adult volunteers. We expect youth volunteers to put the needs of campers above their own, to be leaders of example to by responding to adult leaders appropriately, to participate in all activities with positive enthusiasm, and to attend the leader's meeting as it arises.

I \_\_\_\_\_ (name of youth) understand the expectations of being a Youth leader at the Gathering's Kids Soccer Camp and agree that I will uphold them to the best of my abilities.

**Youth's Signature:**

**Date:**

\_\_\_\_\_

## Youth

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Special needs, behavior problems, physical or emotional limitations that may impact youth's ability to participate in activities:

\_\_\_\_\_

Desired age group to help lead (circle all that apply):

4-5yrs

6-7yrs

8-10yrs

Skills or desired area to help lead (circle all that apply):

Translating to French

Leading Soccer Games

Leading Skill Drills

Refereeing

Photography

Daily Lesson

Mascot Duty

Other: \_\_\_\_\_

Reason for interest in Youth Leader position:

\_\_\_\_\_

## Parent(s)/Guardians(s)

The parent/guardian who completes and signs this form is the primary contact for The Gathering. Information submitted on this form can only be modified by the parent/guardian. If information provided on this form changes, it is your responsibility for updated information to be given to The Gathering in case of an emergency.

Guardian 1: Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Guardian 2: Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ PC: \_\_\_\_\_

Email \_\_\_\_\_



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STUDENT @ [THEGATHERINGOTTAWA.COM](mailto:THEGATHERINGOTTAWA.COM)  
[WWW.THEGATHERINGOTTAWA.COM](http://WWW.THEGATHERINGOTTAWA.COM)  
613.822.7440

**Youth's Email\*** \_\_\_\_\_

**\*All communication made with your youth will be carbon copied (cc) to your listed email. Should you desire we contact only yourself please leave the email section for your youth blank or crossed out.**

**Expected Attendance**

Youth Leaders will be expected to be at the camp from 8:30 – 11:30 AM Monday to Thursday. Youth leaders and families are also welcome to the Family BBQ on Friday night at 5:30PM

**Please circle all days your youth will be attending.**

Monday July 17    Tuesday July 18    Wednesday 19    Thursday July 20    Friday BBQ July 21



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# PARENT/GAURDIAN MEDICAL WAVIER & RELEASE FORM FOR THE GATHERING'S SOCCER CAMP 2017

I hereby request that my son/daughter be permitted to participate in the Gathering Soccer Camp. As consideration for permitting my youth to participate in Youth Activities, I hereby agree to indemnify and hold harmless The Gathering, and its officers, agents, employees, and volunteer aides, from any liability, which may arise in connection with this request. I understand my youth will be under the general supervision of The Gathering staff during this program. I hereby authorize emergency treatment be given my child, if needed, by licensed medical personnel.

Legal Name of Youth: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Does your youth have any severe allergies? (bee stings, food, penicillin, other drugs) YES \_\_\_ NO \_\_\_

If yes, please explain:

\_\_\_\_\_

Will your youth bring any medication with him or her? (Antibiotics, ventilator, Ritalin) YES \_\_\_ NO \_\_\_

If yes, please explain:

\_\_\_\_\_

Precautions are taken for the safety and health of your youth, but in the event of accident or sickness, *The Gathering* \*, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately.

Name of Family Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## PARENT/GUARDIAN RELEASE FOR PHOTOS

I understand that promotional pictures (individual and group) will be taken during these events. I give permission for my son's/daughter's picture to be used for any promotional materials (newsletter, web page, calendars, power point, etc.). By my signing this, I release *The Gathering* Staff, additional chaperones and leaders, from any and all liabilities and waive all claims against them.

**Parent/Guardian's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_



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# PARENT/GUARDIAN AGREEMENT TO YOUTH'S SELF-RELEASE

I hereby release \_\_\_\_\_ (name of youth) to sign him or herself out of camp each day without the accompaniment of myself or another approved personnel. I understand that this is an optional signature and I may request that \_\_\_\_\_ (name of youth) be signed out by his or her guardian(s) or by another approved personnel.

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I **DO NOT** release \_\_\_\_\_ (name of youth) to sign him or herself out of camp and request that \_\_\_\_\_ (name of youth) be signed out by his or her guardian(s) or by another approved personnel.

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Additional Persons Authorized for Pick-Up

Name	Relationship to Child	Home Phone	Work Phone	Cell Phone



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