



## YMCA Community Action Network Participant Registration Form

Thank you for your interest in the YMCA Community Action Network (YCAN) program. To participate in a service project with YCAN please complete the following registration form and submit it to your local YCAN Coordinator. *Please note that the information collected from you at registration is to better meet your service needs, to ensure a safe environment, for statistical purposes, to inform you about the YMCA program in which you are registered, and to satisfy government funding and regulatory requirements.*

### 1. Participant Information

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

Preferred Name: \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Residing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Official Language Preferred :  English  French

Other Languages Spoken: \_\_\_\_\_

Status in Canada:

Canadian Citizen  Permanent Resident  Other: \_\_\_\_\_

### 2. Emergency Contact Details

Name of Emergency Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### 3. Allergies

Please list any known allergies / intolerances:

\_\_\_\_\_



#### **4. General Terms and Conditions**

##### **Statement on Government Funding and Collection of Participant Information**

I understand that this YMCA program is funded by the government, and therefore may be subjected to government approval and conditions which may be varied from time to time. Participation in this program is non-transferable. Should funding cease, the YMCA shall whenever possible refer participants to a government representative for more information or to other service providers in the community.

I also understand that since funding for the program has been provided by Canada, Canada needs my participant information to measure the results of the program and evaluate the program's success; evaluate more generally, the success of the program in achieving its objective; and meet its obligation of accountability to Parliament and the Canadian public for the operation of the program by reporting on the results. The information, when provided to Canada, is administered in accordance with the Privacy Act and the Department of Employment and Social Development Canada Act and I have a right under the Access to Information Act to obtain access to that information from Canada. To obtain more information about their privacy rights I can visit the Government of Canada website.

##### **Limitation of Liability**

By participating in a YMCA program, I agree that I am participating voluntarily and do so at my own risk and I agree to fully release the YMCA and its officers, directors, agents, staff, and volunteers from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind, arising directly or indirectly out of your participation in YMCA programs unless sole and proven negligence of YMCA.

##### **Electronic Communication**

I hereby give consent to the YMCA to contact me through the electronic channels I provide (e-mail, Texting, Facebook, LinkedIn, Twitter etc. ) for the purpose of providing program information, assessing candidacy, and to contact me for the purpose of program evaluation. I understand that after my service project is complete, I can request to opt out of future communication from the YMCA by contacting [action@ymcagta.org](mailto:action@ymcagta.org).

##### **YMCA Commitment to Privacy**

The YMCA is committed to protecting personal information by following responsible information handling practices. They collect and use information when I volunteer when I access or register for a YMCA program, in order to better meet my service needs, to ensure a safe environment, for statistical purposes, to inform me about the YMCA program in which I am registered, and to satisfy government funding and regulatory requirements. I may also hear from them periodically about other YMCA programs, services and opportunities that may interest and benefit me. I may request access to information under the applicable privacy law. For more information on the YMCA's commitment to privacy, please visit their website: <https://ymcagta.org/privacy>

##### **YMCA Commitment to Confidentiality**

The YMCA is committed to respect of the individual, which includes the maintenance of participant confidentiality. However, the confidentiality of the YMCA-participant relationship is not absolute. There are circumstances that limit confidentiality of such information. In these circumstances, it is the YMCA's duty to disclose participant information:

1. The requirements to disclose information through a subpoena or search warrant or other requirements by law;



2. The participant discloses information, previously unreported, regarding the abuse of a child or vulnerable person;
3. The participant states that they will harm themselves or someone else;
4. To the extent that this information is required to provide program services, including but not limited to program delivery and site coordination.

**Our commitment to each other:** The YMCA is a shared experience for everyone to enjoy. Each of us can make it better for all by being considerate to others. The YMCA strives to provide each member with excellent customer service. All YMCA participants, staff, guests and volunteers pledge to treat one another with respect and dignity. The YMCA regards the diversity of people and communities as assets and work to value differences. I agree that I will not discriminate or permit any discrimination by reason of race, creed, sex, sexual orientation, gender, ability, colour, age, citizenship, family or marital status, nationality and ethnic origin, place of birth or language of another participant, staff member or volunteer. The YMCA reserves the right to suspend program access for inappropriate behaviour. I join with other participants, staff and volunteers in making this agreement.

*I am available for and agree to participate in the duration of this service project.*

*I have read, understand and freely accept the information including general terms and conditions. I agree that I am the age of majority and I agree to the general terms and conditions outlined above.*

*I understand my rights to confidentiality when participating in YMCA programs and hereby consent to the release/mutual release of information in my file to the YMCAs and the Government of Canada.*

Name of participant: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

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

**If under 16 years of age, please have parent/guardian sign below:**

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

<b>To be completed by staff</b>
File created (dd/mm/yy):
YCAN Program Location:
Staff Name:
Staff Signature: