



Centre d'action bénévole de la Missisquoi-Nord
Missisquoi North Volunteer Centre
Maison des jeunes / Youth Centre

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**Centre Ken Jones
 Ken Jones Centre**
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**Les comités de nos
 programmes /
 Our Program
 Committees**

- Centre Ken Jones
- FYI
- Nutri-Santé
- Partage/Share
- SADD

2010-2011 Registration Form

This form must be filled out and returned by any youth attending our programs.

Name of CABMN group(s) that your child participates in: _____

Youth's Name: _____

Parent's Names: _____

Address (full with postal code): _____

Phone Number: _____

Emergency Number (in case you cannot be reached): _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Medicare Number: _____

Allergies (if any): _____

Does your child need to be escorted from the school to the Youth Centre? No Yes

e-mail add: _____

Any information you would like us to know: _____



Attached to this registration form is a list of Youth Centre and CABMN Dance Rules. Please be sure to read them and share them with your son or daughter. We suggest posting them on the refrigerator. We ask that you please sign the following after reading the rules and return this completed form to the Youth Centre. Thank you!



IN AGREEMENT:

I have read the rules regarding the CABMN Youth Centre, its programs and dances. I have shared these rules with my son or daughter.

I also agree that I will not hold the CABMN, its staff or volunteers responsible should an accident or injury involving my child occur. I give the CABMN my permission to seek the help necessary should my child be in a medical emergency and need assistance.

Parent's signature

Date

Youth's signature