



Federation of BC Youth In Care Networks

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Event Registration Form

(Youth 14 to 24 years old)

EVENT NAME: _____ DATE(S): _____ START TIME: _____ END TIME: _____ LOCATION: _____

PRIVACY: The personal information collected with this form is used by the FBCYICN to ensure the safety and well-being of all participants at the FBCYICN Event. We may need to contact you/your guardian (social worker) to clarify or ask questions about things you put on this form so we can determine what kind of supports you need. We may also need you to help us identify additional supports (i.e. a support person) to attend the FBCYICN Event. The contact information you provide is also used to send updates and information to you. This information will not be shared with individuals or other organizations. For more information, check the website or contact the office.

IMPORTANT: Leaving any question blank is not an option. If any question is blank, the registration form will be considered incomplete and will not be accepted for approval. Filling out this application form does not guarantee approval to attend any events.

Participant Contact Information

First Name: _____ Last Name: _____

Birthdate: MONTH / DAY / YEAR _____ Age: _____ Gender: Male Female Other (please specify): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Phone Number (2): _____ Email: _____

Which is best method for contact: Phone Email Facebook Other (please specify): _____

Do you want to become a FBCYICN Member: Yes No Already Am

Members receive updates and information about opportunities. They can also vote at Annual General Meetings.

Emergency Contact – The below-identified contact MUST be available 24 hours a day for the entire event.

First Name: _____ Last Name: _____

Relation: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number _____ Phone Number (2): _____ Email: _____

Social Worker Contact Information (If under 19)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number _____ Phone Number (2): _____ Email: _____

Travel Details

Do you need travel arrangements made for you? Yes No

I will be going (choose 1):

To the office

To the airport or bus terminal and need to arrange transportation to/ from the office or event

Straight to the event (Estimated time of arrival: _____)

Is there anything we need to be aware of regarding your travel to or from the event:

Yes No

If yes please describe: _____

Note: Please DO NOT book travel until you have been approved to attend the FBCYICN event. A FBCYICN staff member will contact you regarding approval and travel details and if participants are flying or traveling by bus, they must arrange their travel times with us in advance of booking.

Funding Information

Are you applying for a subsidy from the FBCYICN to attend the event?

Yes Full Subsidy – Fee, travel, meals, daycare, other – please specify: _____

Partial Subsidy – Fee, travel, meals, daycare, other – please specify: _____

No Invoice for the conference should be sent to:

Social / Youth Worker Organization Other: _____

 Name: _____

 Address: _____ Phone Number: _____

Note: Invoices will be sent out to the above listed after the FBCYICN event (please do not send payment until invoice is received). Payment is due 30 days after the event and is accepted by cheque.

Health Information

This information is collected to ensure the safety, health and well-being of all participants at the FBCYICN Event. It is important that all the questions are answered honestly and completely. The FBCYICN can only provide appropriate support, assistance and intervention based on the information provided. Leaving a question blank is not an option as the FBCYICN must be aware of all health information. If we discover we have not been advised of important health information in advance, the FBCYICN reserves the right to refuse a participant from attending the event.

Care Card Number (must provide in case of emergency): _____

Do you have any dietary restrictions? Yes (if yes check boxes that apply) No

Vegan (no animal products) No Dairy
 Vegetarian (no meat) No Red Meat No Poultry No Nuts
 Lacto-ovo Vegetarian (dairy and eggs only) No Pork No Seafood Diabetes
 Other: _____

Note: If there is nothing marked down on the registration form you will not be provided a special dietary meal at the event.
A list is kept by the FBCYICN staff of who has dietary restrictions and this list will be enforced.

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any allergies? Yes (if yes check boxes that apply) No

Hay Fever (e.g. Dust, grass, pollen) please specify: _____
 Animals (e.g. Cats, dogs) please specify: _____
 Insects (e.g. Bees, spiders) please specify: _____
 Medications (e.g. Aspirin, penicillin) please specify: _____
 Foods – please specify: _____
 Other allergies not listed above: _____

Do you take medication(s) to treat your allergies or have special procedures: Yes No
If yes please specify name of medication and dose or other options: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any Medical / Health Conditions? Yes (if yes check boxes that apply) No

Asthma Epilepsy HIV / AIDS
 Diabetes Hepatitis A/B Addiction
 Heart Disease Hepatitis C Are you Pregnant? If yes how far along: _____
 Other health conditions not listed above: _____

Do you take medication(s) to treat your health conditions or have special procedures? Yes No
If yes, please specify name of medication and dose or other options: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Please bring all medications in the original packaging. Prescription medication should have labels showing what the medication is, who it is for and the dosage. FBCYICN Staff will hold and administer all medications.

Do you have any Mental Health Concerns / Conditions? Yes (if yes check boxes that apply) No

Attention Deficit (ADD/AHAD) Anxiety Disorder Schizophrenia Self Harm
 Depression Obsessive Compulsive (OCD) Fetal Alcohol Anger Issues
 Other Mental Health concerns / conditions not listed above (please specify): _____

Do you take medication(s) to treat your mental health concern or condition or have special procedures: Yes No
If yes please specify name of medication and dose or other options: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any Visible or Invisible Disabilities? Yes No
If yes, please specify and identify any supports needed to ensure full participation: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Have you been convicted of a criminal offence? Yes No If yes, please describe: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Do you have any other needs or concerns that the FBCYICN should be aware of or may need to provide special attention for: Yes No
If yes, please describe: _____

GUARDIAN'S INITIALS AS VERIFIED: _____

Code of Conduct

The following rules apply to ALL PARTICIPANTS (youth and adults included) and were developed by young people to keep everyone safe and comfortable at all Networking events and at the FBCYICN Office. **Please RESPECT our Code of Conduct so we don't have to send you home.**

NO Alcohol or Drugs: All Networking events are substance free

This means no alcohol or illegal drugs are permitted at any time. Members are asked to let staff know if they have any type of medication with them (prescription or other) and are welcome to ask staff to hold onto medication for safekeeping. If you are bringing medication, please make sure that it is clearly labelled with your name and the name of the medication. Members are never permitted to share medication with others.

NO Sexual Intimacy: This means no sexual activity of any kind

Please maintain and respect the personal boundaries of others. Hugging your friends is OK, just make sure they're comfortable with it!

NO Weapons: Please leave anything that might be considered a weapon at home

If you think you may have something in your possession that could be used as a weapon, please turn it into a FBCYICN staff person immediately. Staff will decide if these items will be returned.

NO Violence: The FBCYICN has ZERO TOLERANCE for acts of violence

This includes threats (written or verbal), bullying/intimidation or physical aggression.

NO Disrespect: Always treat others as you would like to be treated

Racism, Homophobia, Harassment and Gossiping are not tolerated at networking events or at the FBCYICN office.

NO Room Visits: Please stay out of other people's rooms / cabins

This is to respect the boundaries of all members. If you want to visit with a friend, make plans to meet with him or her outside of their cabin.

NO Leaving the Event Site: Please remain on-site for the duration of the event

All members must get permission from a staff person before leaving the site, even if it is an emergency. This is to maintain safety and good participation at networking events. If you choose to go home early, please let FBCYICN staff know so they can help you to get home safely.

NO Cliques: Never purposely exclude others from group activities or conversations

Members are encouraged to engage with all of their peers, especially newer members, during SCM's and networking events.

NO Age-Exclusionary Establishments: Please stay out of areas that exclude minors (bars, clubs, etc)

This rule applies during all Networking events.

Please note:

Breaking a rule under the Code of Conduct will result (at minimum) in the participant not being invited to attend the next Networking event; further consequences may be applied depending on the circumstances.

If you have a question or concern about any of the rules outlined in our Code of Conduct, or how they apply to you or any other participant, please speak to a FBCYICN staff person or one of our staff members, Board members or identified adult support person immediately.

By signing below, I understand that:

1. My participation may be restricted, or I may be required to leave the event if the questions on this registration form have not been answered completely and honestly or if I break the Code of Conduct.
2. If I do require special attention or do need a caregiver for daily activities that it is my responsibility to have someone available for my needs.
3. I must tell the Administrative Coordinator of any changes to the information provided on the registration form BEFORE my arrival at the event.
4. If I am under 19, the FBCYICN may contact my caregiver and/or Social/Youth worker to confirm the information provided.
5. By signing, I confirm that all information provided on the registration form is accurate and complete and that I have read and understand the Code of Conduct.

Participant Signature: _____ **Guardian Signature (if under 19):** _____

Photo Consent

During events and activities hosted by the Federation of BC Youth in Care Networks (FBCYICN), such as Steering Committee Meetings, Holiday Parties, Awards Ceremonies, Special Events, etc., we take photos that include young people, alumni, and adults. We use these photos in our Power Pages magazine, on our website, in reports, and sometimes in information sheets and brochures. It is FBCYICN policy that names, ages or addresses are not used to identify youth under the age of 19 in these photos. Social workers, please note that this is in line with MCFD policy for use of photos of children and youth in care.

Consent: *I hereby give the Federation of BC Youth in Care Networks, its employees and those acting with its authorization the right and permission to use and / or publish photographs of me in promotional materials, which may include PowerPages, brochures, information sheets and the Federation of BC Youth in Care Networks website (www.fbcyicn.ca). I hereby waive any right to inspect or approve the finished or publicized photographs. Signing this form will be deemed as consent with the above. A parent or guardian must sign this release form if the individual photographed is under the age of 19 years. If the youth / participant are under the age of 19 both signatures of participant and guardian must be signed. I hereby authorize the Federation of BC Youth in Care Networks to allow photographs taken for the following (circle yes or no):*

PowerPages & Magazines (including covers): Yes No
Reports (including covers) & Information Sheets: Yes No
Promotional Materials (e.g. Brochures, posters, etc.): Yes No

FBCYICN Website: Yes No
FBCYICN Facebook Group Page: Yes No

Participant Signature: _____ **Guardian Signature (if under 19):** _____