



Unit B 602 Rosser Avenue, Brandon, MB, R7A 0K7
Phone: (204) 729-8112 Email: BAYAC20182019@outlook.com

REGISTRY FORM

Youth Name:	Date of Birth:	Age:
Parent/Guardian name:	Address:	Phone:
Emergency contact name:	Address:	Phone:
Any Allergies/Medications:	Gender:	Date:

Media Recording:

I, the parent/guardian grant permission for my child to be photographed, videotaped by the Brandon Friendship Centre, Brandon Aboriginal Youth Activity Centre, Department of Manitoba Justice (Lighthouses), Manitoba Association of Friendship Centres, and news media on the undersign.

Parent/Guardian Signature: _____

Staff that received intake form:	Parent/Guardian Signature:
Program Coordinator Signature:	Youth Participant Signature: