



# FEDERATION OF BC YOUTH IN CARE NETWORKS

"by coming together, we are not alone"

www.fbcyicn.ca

## Steering Committee Meeting Registration Form (Adult)

SCM #: \_\_\_\_\_ Date: \_\_\_\_\_ 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 Steering Committee Meeting. The contact information is also used to send updates and information to members and supporters. This information will not be shared with individuals or other organizations. For more information, check the website or contact the office.

### FBCYICN OFFICE USE ONLY - Phone Registrations

Privacy Information given by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Participant Contact Information

Full Name: \_\_\_\_\_

Title and Organization: \_\_\_\_\_

I am a ... Alumni  Board  Resource Person  Adult Support

Birth date: MONTH / DAY Age: Optional

Gender: Male  Female  Other

Address: \_\_\_\_\_ Province: \_\_\_\_\_

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

(1) Phone #: \_\_\_\_\_ (2) Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

Is this your first SCM? Yes  No

Do you want to be added to our mailing list? Yes  No

The mailing list is used to send updates and information about opportunities.

### Emergency Contact Information

Full Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Province: \_\_\_\_\_

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

(1) Phone #: \_\_\_\_\_ (2) Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### FBCYICN OFFICE USE ONLY

Date Registered: \_\_\_\_\_ Registered By: \_\_\_\_\_



## Health Information

This information is collected to ensure the safety, health and well-being of all participants at the SCM. 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.

**Care Card (Medical) #:** \_\_\_\_\_ **Province:** \_\_\_\_\_

Do you have any **dietary restrictions**? Yes  No   
(If yes, check all of the boxes that apply)

Vegan (No animal products)  Vegetarian (No Meat)  Lacto-ovo Vegetarian (Dairy and Eggs only)   
No Red Meat  No Pork  No Poultry  No Seafood  No Dairy   
No Nuts  Diabetes (no sugar)  Other: \_\_\_\_\_

Do you have any **allergies**? Yes  No   
(If yes, check all the boxes that apply.)

Hay Fever (e.g. dust, grass, pollen)  Animals (e.g. cats, dogs)  Insects (e.g. bees, spiders)   
Medications (e.g. aspirin, penicillin)  Foods  Other   
Describe: (exact allergy, type of reaction, etc.) \_\_\_\_\_

Do you take any allergy medication(s)? Yes  No   
If yes, give name of prescription medication(s) and dosage instructions: \_\_\_\_\_

Do you have any **health conditions** that may prevent or limit your participation or require special attention? Yes  No   
(If yes, check all of the boxes that apply.)

Physical disability: \_\_\_\_\_

Asthma  Diabetes  Heart Disease  Epilepsy   
Hepatitis A/B/C  HIV / AIDS  Other: \_\_\_\_\_

Do you take medication(s) to treat your health condition(s)? Yes  No   
If yes, give name of medication(s) and dosage instructions: \_\_\_\_\_

Do you have any **mental health concerns** that may prevent or limit your participation or require special attention? Yes  No   
(If yes, check all of the boxes that apply.)

Attention Deficit (ADD/ADHD)  Depression  Anxiety Disorder   
Obsessive Compulsive (OCD)  Schizophrenia  Fetal Alcohol (FAE/FAS/FASD)   
Other: \_\_\_\_\_

Do you take medication(s) to treat your mental health concern(s)? Yes  No   
If yes, give name of medication(s) and dosage instructions: \_\_\_\_\_

Are you taking any other **medication(s)**? Yes  No   
If yes, give the name of medication(s) and dosage instructions: \_\_\_\_\_

## Code of Conduct

The Code of Conduct applies to all participants at the SCM. It was developed by young people to keep everyone safe and comfortable at all Networking events.

**NO Alcohol or Drugs** – *All Networking events are substance free.*

**NO Sexual Intimacy** – *Please maintain and respect strict personal boundaries.*

**NO Weapons** – *Please leave anything that might be considered a weapon at home.*

**NO Violence or Disrespect** – *There is zero tolerance for discrimination, racism or homophobia.*

**NO Room Visits** – *Please stay out of other people's rooms / cabins.*

**NO Leaving the Event Site** – *Please remain on-site for the duration of the event.*

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

The FBCYICN is not responsible for lost or stolen items. Please do not bring valuable items to Networking events unless arrangements for securing the item(s) have been made with FBCYICN staff in advance.

If you have any questions about the Code of Conduct, or how it applies to you (or any other participant) please call the office.

Do you have any other needs or concerns that the FBCYICN should be aware of or may need to provide special support for? Yes  No

If yes, please provide details: \_\_\_\_\_

I understand that my participation may be restricted, or I may be required to leave the SCM if the questions on this registration have not been answered completely and honestly or if I break the Code of Conduct.

I understand that I must tell the Administrative Assistant before my arrival at the camp of any changes to the information provided on this Registration Form.

I also understand that as an 'adult' participant and role model I am expected to behave in a professional manner and maintain appropriate boundaries at all times.

By signing, I confirm that all information provided on this registration is accurate and complete and that I have read and understand the Code of Conduct.

Participant Signature: \_\_\_\_\_

### FBCYICN OFFICE USE ONLY

#### Phone Registrations

Statement was read to, and acknowledged by, participant? Yes

Read by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_