



# DAREarts Youth Leadership Institute Registration & Release Form

Welcome to the DAREarts Youth Leadership Institute! This program will introduce youth to topics that build their confidence, courage and leadership skills needed for life and career success, as they practice the DARE values of Discipline, Action, Responsibility and Excellence. Students will engage in activities that build both an 'inner leader' (mental health, reflective discipline, ethics and relationships), and an 'outer leader' (communication and conflict resolution, youth activism, social justice and global equity). Please fill in the information below and either email to [lnorton@darearts.com](mailto:lnorton@darearts.com) or hand to DAREarts staff on your first day at the DAREarts Youth Leadership Institute. If you have any questions, call us at 905-729-0097.

## Your Information

Your Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*First Name Last Name*

Hobbies: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies & Health Conditions: \_\_\_\_\_

Your Email: \_\_\_\_\_ Your Cell Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_ Health Card #: \_\_\_\_\_

## Parent/Guardian Information

Parent(s)/Guardian(s): \_\_\_\_\_

Relation to You: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

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

*Street Address*

*Apt/Unit #*

*City*

*Province*

*Postal Code*

## School Information

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

**Liability:** I/We have read, understood and agreed to the above enrollment and understand that participation in the DAREarts program is at the student's own risk. I/We acknowledge that DAREarts is run independent of the Toronto District School Board and Toronto Catholic District School Board. Further, I/we agree that the DAREarts Foundation, its directors, agents and/or employees shall not be liable in any way for any loss or injury resulting from or in connection with this participation and/or from transportation to and from DAREarts supervised events that are held outside of the school. I/We agree that each student is responsible for their own accident and liability insurance, as well as their own transportation plus lunches.

**Media:** I hereby consent to and authorize the use and reproduction by DAREarts or anyone authorized by DAREarts, in or by any means or medium whatsoever, for the purposes of documenting and archiving DAREarts' education programs, of any and all photographs, moving pictures, cinematographic works, video tapes, text or computer images taken of or made by **(your name)** \_\_\_\_\_ from this day onwards without compensation to the aforementioned. All photographs, moving pictures, cinematographic works and negatives and positives, video tapes or computer images and means of reproduction of the same shall constitute DAREarts' sole property with full right of disposition. I hereby release and discharge you from any and all claims whatsoever in connection with the use of the aforesaid photographs, moving pictures, cinematographic works, video tapes, text or computer images and any reproduction thereof of the aforementioned. I also consent to the use of the above student's first name in connection with the aforesaid photographs, moving pictures, cinematographic works, video tapes or computer images and their use and reproduction. I am the legal parent or guardian of the aforementioned student.

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

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out and return at your first DAREarts Youth Leadership Institute meeting.**