



Boys & Girls Club
of Yukon



YUKON TRANSPORTATION MUSEUM

Wee Moves Registration Form

Section 1- Child Information:

Name: _____

Gender: _____

Home Phone: _____

Date of Birth: _____

Address: _____

Postal Code: _____

City: _____

Does your child self-identify as First Nations?: Y N

Child's Yukon Health Care Number: _____

Does your child have any medical concerns we should be aware of?

For example: Respiratory, Diabetes, Hypoglycaemia, Dizziness, Seizures, Joints, Back/Neck,
Neurological, Psychological, Heart, Behavioural, other (please indicate below):

Are your Child's immunizations up to date? Y / N

If your child has any allergies ((a) medical and (b) dietary concerns, please list them below:

Does your child require an Epi-pen? If yes please explain:

If your child has any medications that they will be bringing with them please list them below:

I certify that this information is true to the best of my knowledge:

Name of Parent/Guardian

Signature of Parent/Guardian



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Section Two – Parent/ Guardian Information:

Parent/Guardians Name: _____ Phone: _____

Email Address: _____ Authorized to Pick-Up (please circle): Y N

Parent/Guardians Name: _____ Phone: _____

Email Address: _____ Authorized to Pick-Up (please circle): Y N

Section Three – Emergency Contact Information (Different from above):

Emergency Contact Name: _____ Phone: _____

Relationship to child: _____ Authorized to Pick-Up (please circle): Y N

If I am not available, I authorize the Boys & Girls Club of Yukon and the Yukon Transportation Museum, to secure the medical services deemed necessary for the well-being of my son/daughter/ward.

Please provide parent initial: _____

Section Four – Child Pick-Up (Authorized Only):

Please list the names of anyone who is authorized to pick-up your child from Wee Moves:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____



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Section Five – Permissions including Photo Release:

I, the undersigned parent/guardian, give permission for my child to participate in The Wee Moves Program, including out trips and special events. I understand that care and attention will be given to the safety of all participants, but that the Wee Moves Program, its staff or volunteers cannot be held liable for any injury or loss. The Wee Moves staff reserve the right to remove a child from the program if the staff deems it necessary. I also give permission for photographs of my child to be used for publicity purposes connected with the promotion of The Wee Moves Program, including Boys & Girls Club of Yukon and The Yukon Transportation Museum.

Parent/Guardian Signature: _____ Date: _____

Section Six – Payment

FOR YTM ADMIN

Payment Date: _____ Method: _____ Amount: _____

Processed by: _____

Notes:

Registration info sent: _____ (date)

Parent/guardian questions (date): _____

YTM responses (note who responded and date): _____

