

Constable Rick O'Brien Youth Lounge Membership Form

Pitt Meadows Family Recreation Centre, 12027 Harris Rd, Pitt Meadows.

Participant Name: _____
First Last Preferred First

Birth Date: (yyyy/mm/dd) _____/_____/_____

Participant School Name: _____

Home Address:

Parent/ Guardian: _____ Primary Phone: _____ Secondary Phone: _____
Print Name

Parent/ Guardian: _____ Primary Phone: _____ Secondary Phone: _____
Print Name

Email: _____

PHOTO & VIDEO AUTHORIZATION:

I grant the City of Pitt Meadows personnel permission to take photographs, video and audio recordings of my child and authorize the City to use recordings for the purpose of publicity, advertising, and promotion.

No Yes

Parent/Guardian consent as well as completion of this form is required for all membership applications to be approved. This information helps us serve you better by supporting your children while they are using our drop-in service and in the event of an emergency or an incident that requires your immediate awareness.

Parent/ Guardian Signature: _____ Date: (yyyy/mm/dd) _____/_____/_____

This collection of personal information is authorized under section __ (A) __ of the Freedom of Information and Protection of Privacy Act (FIPPA) and __ (B) __. This information will be used for __ (C) __. Questions can be directed to: Privacy Officer, 604.465.5454, or clerks@pittmeadows.ca.