



ONYX Program Registration

#44, 48 Brentwood Blvd. Sherwood Park, AB T8A 2H5 Phone:(780)449-0900 Fax:(780)416-2393 info@saffron-ssac.com

Name: _____ Birthday: _____

Parent or Guardian's Name: _____ Daytime Phone: _____

Home Address: _____ Evening Phone: _____

City: _____ Postal Code: _____ Cell Phone: _____

Special Arrangements

Behavioral issues that we should be aware of: _____

Allergies, diet, or other requirements: _____

Emergency Contact (other than Parent/Guardian)

Name	Phone Number	Relationship to Teen
_____	_____	_____
_____	_____	_____

PERMISSIONS

I, the undersigned parent or guardian of the teen listed above,

- Give permission for her to participate in program activities. If the teen listed above requires medical attention, I do/ do not (check one) give permission to any doctor or hospital to commence treatment in the event I cannot be contacted.
- Understand that my teen may be photographed by SAFFRON staff. I do/ do not (check one) give SAFFRON permission to use my teen's photo in its newsletter or other promotional material.
- Understand that I may be asked to remove my teen from the program if a discipline problem arises that has an adverse effect on other participants
- Understand that an issue may arise that is more in-depth than what SAFFRON staff are qualified for, and my teen will be referred with my knowledge for therapy.

Signed: _____

Date: _____

I, the undersigned parent or guardian of the teen listed above, waive all Volunteers and SAFFRON staff of any liability in connection with my child's participation in the teen program and its activities.

Signed: _____

Date: _____

ONYX

Teen Girls Group
Fee: \$80

Fees include: Educational session, craft supplies, snacks & refreshments

Limits to Confidentiality

SAFFRON staff are obligated to report the following:

If a youth is suicidal, homicidal, or if there is a child at risk