

Youth Lounge Membership Form

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