



GIRLSPACE REGISTRATION FORM

(Please Print)

Today's date (mm/dd/yyyy):

Program Start Date: September ____, 2017

Program End Date: February ____, 2018

- Location:**
- Millwoods Edmonton Public Library [Mondays from 4:00-6:00pm, beginning Sept. 18, 2017]
 - Jasper Place High School [Wednesdays from 3:30-5:30pm, beginning Sept. 27, 2017]
 - Londonderry Junior High School [Wednesdays from 3:30-5:30pm, beginning Sept. 20, 2017]
 - Lillian Osbourne High School [Thursdays from 3:30-5:30pm, beginning Sept. 21, 2017]
 - YWCA Edmonton Office [Thursdays from 5-7pm, beginning Sept. 21, 2017]

PARTICIPANT INFORMATION

Participant's name: (First/Middle/Last)	Preferred Name:	Pronoun(s) used:
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Current Age:	Birth date (mm/dd/yyyy):
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Phone:	(Home)	Email:
	(Mobile)	

Address:

Postal Code:	City:	Quadrant (NE, SE, NW, SW, Central, etc.):	Province:
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Official Language Spoken:	Other Languages Spoken:
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(Dis) ability status:

- Ethnicity (check one):**
- Caucasian (e.g. European etc.)
 - Chinese
 - South Asian (e.g., East Indian, Sri Lankan, Pakistani, etc.)
 - African American
 - East African (e.g. Ugandan, Kenyan, Tanzanian etc.)
 - West African (e.g. Ghana, Nigeria, Mali etc.)
 - South African (e.g. Zimbabwe, Namibia, Botswana etc.)
 - Central African (e.g. Burundi, Chad, Congo, etc.)
 - North African (e.g. Morocco, Tunisia, Algeria etc.)
 - Filipino
 - Latin American/Hispanic
 - Korean
 - Aboriginal/Indigenous (e.g., North American Indian, Metis, Inuit, etc.)
 - Southeast Asian (e.g., Singaporean, Vietnamese, Cambodian, Thai etc.)
 - Middle Eastern (e.g. Egypt, Libya, Syria, Israel, Lebanon, Jordan, Iraq, Saudi Arabia etc.)
 - West Asian (e.g., Arabic, Iranian, Afghan, etc.)
 - Japanese
 - Other (Please specify: _____)

[For new residents of Canada only, please answer the following questions]:

Date of Settlement in Edmonton (mm/dd/yyyy):

Government ID Number: _____

(As shown on):

- Permanent Resident Card
 Confirmation of permanent residence letter from CIC (Citizenship and Immigration Canada)
 Letter from the IRB (Immigration and Refugee Board)

Country of Origin:

PARENT/GUARDIAN INFORMATION

Parent/Guardian's name: (First/Middle/Last)

Relationship to Participant:

Phone:	(Home)	Email:
	(Mobile)	

Address:

Postal Code:	City:	Quadrant (NE, SE, NW, SW, Central, etc):	Province:
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Official Language Spoken:	Other Languages Spoken:
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Household income bracket (check one):

- \$0.00 - \$10,000
 \$11,000 - \$15,000
 \$16,000 - \$30,000
 \$31,000 - \$45,000
 \$46,000 - \$60,000
 \$61,000 - \$75,000
 \$76,000 - \$90,000
 \$90,000+

[For new residents of Canada only, please answer the following questions]:

Date of Settlement in Edmonton (mm/dd/yyyy):

Country of Origin:

HEALTH INFORMATION OF PARTICIPANT

Alberta Health Care Number:

Name of Family Doctor:

IN CASE OF EMERGENCY

Emergency Contact Person:

Relationship to child:

Home Phone Number:

Alternate Phone Number:

Email:

Parent/Guardian Signature:

Date

Contact Information for Family Doctor (Clinic name and phone number):

IN CASE OF EMERGENCY SECONDARY CONTACT

Emergency Contact Person:

Relationship to child:

Home Phone Number:

Alternate Phone Number:

Email:

Parent/Guardian Signature:

Date

Does the participant have any allergies: Yes No If Yes, to what:

Does the participant have any medical conditions we need to be aware of:

Yes No If Yes, please describe:

** Please note: We recognize the importance of this information and will do our best to accommodate the participant's needs whenever possible**

TRANSPORTATION INFORMATION

How will the participant get to GirlSpace each week:

Car/Pick Up Bus Walking Taxi Other: _____

Do you require assistance with public transportation costs associated with Edmonton Public Transit:

Yes No (If yes, we can help! Please speak to a program manager for more information)

ADDITIONAL INFORMATION FOR PARTICIPANT AND PARENT

How did you hear about the GirlSpace program?

- | | | |
|--|--|---|
| <input type="checkbox"/> Google Search/Advertisement | <input type="checkbox"/> YWCA Edmonton Website | <input type="checkbox"/> YWCA Edmonton Social Media |
| <input type="checkbox"/> School Newsletter | <input type="checkbox"/> School Event (e.g. Club Days) | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> School Staff (Referral) | <input type="checkbox"/> Poster/Flyer | <input type="checkbox"/> Camp Yowochas Newsletter |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other – Please Specify: _____ | |

Why are you interested in participating in GirlSpace?

Have you previously attended or are currently attending another youth program? Please specify.

PROGRAM EXPECTATIONS

- I understand that this is a **20-week** program. The start/end date differs depending on location.
- The cost of this program is **\$200**. *Subsidies are available based on sliding scale.* Please speak to a program manager for more information. Participants may attend a Camp Yowochas Retreat upon completion of the program ***optional** (Cost \$130)
- Participants meet once a week for approximately **2 hours after school from 3:30-5:30pm.**
*(*except for the YWCA Downtown location, which will be offered from 5-7pm weekly and Millwoods Public Library, which will be offered from 4-6pm weekly)*
- New participants will **not** be allowed to join after the group has begun.
- Participants are encouraged to share their thoughts and feelings with the group. Participants will **not** share what they learn about other group participants.
- **Regular and punctual attendance ensures the group remains a safe and supportive space.**
- If the participant is no longer able to attend the program, written notice will be given to one of the group facilitators as soon as possible.
- I understand that _____ and _____ will be facilitating the group each week.

Participant Signature:

Parent/Guardian Signature:

CONSENT TO PARTICIPATE IN EVALUATIVE RESEARCH

The *GirlSpace* program at YWCA Edmonton is currently undergoing an evaluation. Each consenting participant will be asked to fill out four questionnaires before and after the program related to the *GirlSpace* program on subjects including, resilience, leadership, mental health, and social connectedness. We will also be asking some of the participants to participate in a brief follow-up telephone interview about their experience in the program. Receiving your child's feedback before and after the *GirlSpace* program will allow the evaluators to track important changes that are made while participating, and to revise the program for future participants. ***As the parent/guardian of the participant, I consent to participate in the current research project regarding my child's experience in the GirlSpace Program.*** A consent form will be provided to you with further information.

Parent/Guardian Signature:

Consent:

Do Not Consent:

Participant Signature:

Consent:

Do Not Consent:

PHOTO/MEDIA CONSENT

As the parent/guardian of the participant, I consent to allow YWCA Edmonton to reproduce or distribute any photographs, video, film, audio or other similar material in association with the GirlSpace Program and related events/activities for promotional and/or archival purposes. There is no time limit to this consent; *however, consent can be revoked at anytime with written notice to one of the facilitators.*

Participant Signature:

Consent:

Do Not Consent:

Parent/Guardian Signature:

Consent:

Do Not Consent:

RELEASE OF LIABILITY

We, the Participant and parent/guardian, understand the information on this form is collected in accordance with relevant privacy legislation. We give permission for the information in this package to be used in the event of a medical emergency or to provide crisis support for the Participant. We authorize YWCA Edmonton to obtain medical treatment for the Participant and consent to medical treatment on behalf of the Participant. We acknowledge that in the event of an emergency, treatment may be provided to the Participant and that the parent/guardian will be financially responsible for any costs associated with such treatment or services (Example: ambulance transportation).

We hereby release YWCA Edmonton, its staff, volunteers and its insurers from any claims, demands, or actions in the event of loss, injury or damage to the Participant's person or property, except when such loss, injury or damage is due to negligence on behalf of its staff or volunteers.

We understand that the Participant will follow the rules of YWCA Edmonton's GirlSpace program that will be provided to them. If the Participant does not follow the rules they may be removed from the program.

Participant Signature:

Consent:

Do Not Consent:

Parent/Guardian Signature:

Consent:

Do Not Consent:

PARTICIPANT AGREEMENT

I understand the purpose and expected activities of GirlSpace. I am aware that I will need to attend on a regular basis and not share what other participants talk about during the group. I am aware that I may revoke my consent to participate at any time and will do so in writing. I, _____ (the participant), agree to participate in YWCA Edmonton's GirlSpace Program.

Participant Signature:

Consent:

Do Not Consent:

Parent/Guardian Signature:

Consent:

Do Not Consent:

We welcome you and your child to attend one of our GirlSpace Information Nights!

Jasper Place High School
8950 163 Street, Edmonton, AB
Monday, Sept. 18, 2017, 5-7 pm

Londonderry Junior High School
7104 144 Ave NW, Edmonton, AB
Tuesday, Sept. 5, 2017, 5 -7 pm

YWCA Edmonton Office
#400, 10080 Jasper Avenue NW
Edmonton, AB
Thursday, Sept. 7, 2017 5 - 7 pm

Lillian Osbourne High School
2019 Leger Rd NW, Edmonton, AB
Wednesday, Sept. 13, 2017, 5 - 7 pm

Millwoods Public Library
2610 Hewes Way, Edmonton, AB
Tuesday, Sept. 12, 2017 5-7 pm

Please submit completed registration packages to either:

Wendy Salvisberg, M.Sc., Ph.D Candidate

Registered Provisional Psychologist
Manager of Youth Leadership Programs
Email | w.salvisberg@ywcaedm.org
Phone | 780-423-9922 Ext 306

Ashley Lim, R. Psych

Registered Psychologist
Director of Counselling Services
& Youth Leadership Programs
Email | a.lim@ywcaedm.org
Phone | 780-423-9922 Ext 292

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