



Canadian Mental Health Association
 Vancouver-Fraser
Mental health for all

Association canadienne pour la santé mentale
 Vancouver-Fraser
La santé mentale pour tous

Super Fun Groups

Pandemonium

Referral & Registration

Team Leader: Natalie Talson @ 604-872-4914

Youth Information

Name: _____ DOB: _____

Address: _____

Parent Guardian names: _____

Youth Phone (optional) #: _____ prefer text prefer calls

Parent/Guardian Phone # _____ prefer text prefer calls

Email (optional): _____ email activity calendar email resources

Referred by: _____ Phone: _____

Please describe all allergies, medications, and any other relevant medical information: _____

What are your interests and hobbies?

Do all parents and caregivers know that the child or youth is participating in this program?
 Yes No



If no, please explain: _____

Emergency Contact

Name: _____

Relationship: _____ Daytime Phone#: _____

Alternative Phone#: _____

The afterschool Youth with anxiety group "Pandemonium" run by the Canadian Mental Health Association Vancouver-Burnaby Branch (CMHA) is a no-cost recreation program for youth. A maximum of 12 youth will go on each monthly outing to various local sites and activities. The activities will be supervised by two qualified and trained CMHA recreation staff. Snacks/ meals are provided for the youth. The recreation staff will pick up or arrange for pick up at agreed location decided between the youth, CMHA staff and parent/legal guardian of and return the youth to the same address or agreed location between the youth, CMHA staff and parent/legal guardian at the end of the activity in the CMHA van on the day of the outing.

Consent

I have read the above description of the CMHA afterschool youth with anxiety recreation group called "Pandemonium" and understand and accept that there are inherent risks associated with the activities. In the event that my child becomes seriously ill or is injured while with CMHA and I cannot be reached, I consent to have CMHA staff seek any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with all CMHA programs, it is agreed that CMHA and its staff and volunteers are released from all liability for injury to my child or for loss or damage to personal property.

Child's Name _____ **Date of Birth** _____

Year/month/day

Vancouver Office: 110 - 2425 Quebec Street, Vancouver, BC V5T 4L6 Tel: 604-872-4902 Fax: 604-872-5934

New West Office: 435 Sixth Street, New Westminster, BC V3L 3B1 Tel: 604-516-8080 Fax: 604-524-2870

Delta Office: 4871 Delta Street, Delta, BC V4K 2T9 Tel: 604-943-1878

vf.cmha.bc.ca



Parent/ Primary Caregiver _____

Please print name

Signature of Parent/ Primary Caregiver

Witness: Please print name _____

Signature of Witness _____

Date: _____

Please fax all of the forms to 604-872-5934 Attention: Natalie Talson

