

# youth forum registration

family conference | saturday, april 11, 2015

**Registration deadline: March 27, 2015. To register online visit [www.aacl.org](http://www.aacl.org)**

Alberta Association for Community Living (AACL) • 11724 Kingsway NW, Edmonton, AB T5G 0X5 • Fax: 780.453.5779 • [mail@aacl.org](mailto:mail@aacl.org)  
For Fantasyland Hotel AACL rates call 1-800-RESERVE (#2356684) by March 11, 2015. Visit [aacl.org](http://aacl.org) for info on other hotel options. See Youth Forum details on page 4.

Please fill out a separate form for each youth who would like to register for the forum - all information must be filled out. Please be advised that although this is a participatory workshop, support can be made available. Thank you.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Do you have a disability?  no  yes If yes, please explain: \_\_\_\_\_

Do you require individual support?  no  yes Can you bring your own support person?  no  yes

Please explain type of support you require: \_\_\_\_\_

Do you have any medical concerns we should know about?  no  yes

If yes, please describe. (Please note our staff are not able to administer any medication)

Do you have seizures?  no  yes Do you have allergies?  no  yes

Please provide any precautions that must be taken for either situation: \_\_\_\_\_

Is there any additional information we need to know in order to assist you to participate in the forum? Please remember that we want all participants to be fully engaged in the forum. Thank you! \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed if the youth is under the age of 18:

Health Care Number: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_