



TEEN NIGHTS REGISTRATION FORM

LONDON DOWN SYNDROME ASSOCIATION

1129 Gladstone Drive

Belmont, Ontario NOL 1B0

Tel: (519) 644-1867 E-Mail: teens@ldsa.ca

Please Complete and submit to the address or e-mail above:

First name:		Last name:		
Mailing Address:			City:	
Postal/Zip Code:		Telephone no.:		
Relationship to child:		Internet E-mail:		
Child's Name with Down Syndrome		Gender	Age	Birthdate (M/D/Y)

INTERESTED IN VOLUNTEERING? YES NO

EMERGENCY CONTACT: (Other than above)

Name: _____ Relationship to Member: _____

Telephone#: () _____

Any special requirements? Medical, Dietary or Other?

Which events would you like to see LDSA Teen Nights host?

We welcome your comments:

_____ Date

_____ Signature

www.ldsac.ca

'ACCOMPLISHMENTS ARE AWESOME'



CONSENT FORM

www.ldsac.ca

LONDON DOWN SYNDROME ASSOCIATION

1129 Gladstone Drive

Belmont, Ontario NOL 1B0

Tel: (519) 644-1867 E-Mail: president@ldsac.ca

Non Profit Charitable Organization# BN 86694 2493 RR 0001

I/WE _____

(Print Your Name Here)

Being the parent(s) and/or legal guardian(s) of _____

(Print Name of Child)

HEREBY CONSENT TO The London Down Syndrome Association and its agents, to take, exhibit or publish still photographs, motion pictures, videos, television, interviews and sound recordings now or in the future for the following reasons:

YES NO

Group Photographs for personal and public relations purposes.

Individual Photographs for personal and public relations purposes.

**Public Relations purposes may include any communication media, web site, newsletter, or newspaper.

Please indicate your consent by checking the appropriate box/spot above. Refusal will not affect your participation in events sponsored by the London Down Syndrome Association. This consent may be terminated at any time by the undersigned submitting a written request to The London Down Syndrome Association at 1129 Gladstone Drive, RR2, Belmont, Ontario NOL 1B0.

I/WE DECLARE that I have read this consent for photographs, moving pictures, video, television, interviews and sound recordings, or it has been read and explained to me, and that I fully understand it and consent.

DATE

SIGNATURE of Parent/Guardian

WITNESS

'ACCOMPLISHMENTS ARE AWESOME'