

# CABBAGETOWN YOUTH CENTRE

2 Lancaster Avenue  
Toronto, ON M4X 1C1  
Tel: 416-960-1032  
Fax: 416-960-0113

650 Parliament Street  
Toronto, ON M4X 1R3  
Tel: 416-513-9802

240 Wellesley Street East  
Toronto, ON M4X 1G5

280 Wellesley Street East  
Toronto, ON M4X 1G7  
Tel: 416-963-9528

[www.cabbagetownyouth.ca](http://www.cabbagetownyouth.ca)

## GENERAL PROGRAM REGISTRATION AND RELEASE FORM (double sided)

**A**

Please indicate which program you wish to participate in

### PERFORMING ARTS

- Hip Hop Recreation 7 - 9 yrs
- Hip Hop Recreation 10 - 12 yrs
- Hip Hop Recreation 13 - 16 yrs
- Hip Hop Company 7 - 9 yrs
- Hip Hop Company 10 - 12 yrs
- Hip Hop Company 13 - 16 yrs
- Musical Dance Theatre 7 - 16 yrs
- Adult Dance 18 + yrs
- Drama 7 - 9 yrs
- Drama 10 - 12 yrs
- Drama 13 + yrs
- Vocal Solo Lessons 7 - 16 yrs
- Vocal 7 - 9 yrs
- Vocal 10 - 12 yrs
- Vocal 13 + yrs

### AFTER SCHOOL

- 2 Lancaster Avenue
- 650 Parliament Street

### YOUTH PROGRAM 12 - 18 yrs

- Basketball Skills 14 & Under
- Basketball Drop In 18 & Under
- Indoor Soccer Skills 14 & Under
- Indoor Soccer Drop In 18 & Under
- Ball Hockey Drop In

### COMPUTERS

- Seniors Computer Class

### RECREATION

- Weight Room
- Wrestling
- Step Aerobics (Adult fee)
- Aikijujitsu
- Karate
- Kendo
- Iaido
- Boxing (Adult fee)
- Other \_\_\_\_\_

**B**

Today's Date: \_\_\_\_\_  
Day / Month / Year

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Day / Month / Year

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone : \_\_\_\_\_

Emergency Contact Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Is this child allowed to go home alone? (Child must be 10 years old) Yes  No

Who is authorized to pick-up your child? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in the outings, which have been scheduled for the program.  
Please make sure your child brings the appropriate items for an outing (e.g. Lunch, hat, bathing, suit, towel, sunscreen, etc)

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

(Turn Over)

