

Peer Leader Registration 2024-2025 School Year

Suggested programs:

- Peer Leader Training (8:30am to 4pm August 13th and 14th 2024)
- OWN (Orientation Workshop for Newcomers) at your school (8:30am -12pm one day only from August 16th to 29th 2024)
- Peer Leader Monthly meetings once a month during lunch time at your school September 2024-June 2025
- Meet and Greet session with newcomer students at your school on their first school visit September 2024-June 2025
- Peer Mentorship as needed September 2024-June 2025

1. Full Name: _____ 2. Birthdate: _____
3. Address: _____ 4. Home Phone: _____
5. Cell Phone: _____ 6. Email: _____
6. Immigration # or Permanent Resident Number: _____
7. Year of Arrival in Canada: _____ 8. Language(s) Spoken: _____
9. Name of School currently Attending: _____
10. Current Grade: _____ 11. List of Extra-Curricular Activities: _____
12. Do you have any allergies or special diet needs? _____
13. Parent first and last name: _____ Phone Number(s): _____
14. Parent first and last name: _____ Phone Number(s): _____
15. Emergency Contact Name: _____ Relationship: _____
16. Phone Number(s): _____

PARENT / GUARDIAN CONSENT FORM

- I (name of parent/ guardian) _____, give consent for Regina Open Door Society to use photos of my son/daughter _____ from the SSWIS OWN program events for the following purposes: Display Purposes, Brochures, Newsletters, Pamphlets, Presentations, RODS Website, Any other promotional materials.
- I consent to my child's participation in the Program. I am aware there is a risk of injury. These types of injuries may be minor or serious and may result from one's actions, or the actions or inaction of others, or a combination of both. I consent to my child's participation in spite of such risks.
- I acknowledge that it is my responsibility to advise the Facilitator of any medical or other conditions which may affect my child's participation in the Program.
- In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary, and accept that I am responsible for any costs of such ambulance service.

Parent/ Guardian Name: _____ Signature: _____ Date: _____

By submitting this form you consent to your child's participation in the Program