

CONSENT FORM FOR MEMBERSHIP

**FOR MEMBERS 18+ YEARS OR 16-17 YEARS OF AGE
NOT RESIDING WITH A PARENT OR GUARDIAN**

As a component of the St. John Ambulance Brigade, the Youth Program was established to give young people aged 6 to 20 the chance to join in the work of the St. John Ambulance Brigade. The Youth Program provides opportunities for personal development, as well as training for first aid, health care and safety skills through a range of activities and events. These may involve First Aid training, leadership training and work towards Cadet Proficiency Subjects.

Please complete this permission form and the Medical Information Form in full and submit to the OFFICER-IN-CHARGE no later than _____

Dated at _____ this _____ day of _____
(location) (month) (year)

I _____ hereby understand all the above
(member's name)

information and am willing to participate in the Youth program activities and events.

Signature of member _____

I have provided all necessary information to the member, and believe they understand all membership requirements.

_____ Telephone # _____
(name and position)