



Child & Youth Advocacy Centre Simcoe Muskoka (CYACSM)

Common Ground Youth Group Participant Registration

Session Start Date: _____

Youth Name: _____ Pronouns: _____

Date of Birth: _____

Identifies as Indigenous: Yes / No Metis Inuit First Nations

Community: _____

Contact Information

Caregiver Name: _____

Address: _____

Email: _____ Phone: _____

Youth Email: _____ Youth Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

How did you hear about Common Ground Youth Group?: _____

Please see Page 2 for Youth Consent to Service/Participation Form

Youth Consent to Service/Participation in CYACSM Common Ground Youth Group

What is informed consent?

Informed consent is when you give permission to someone to do something and you are fully aware of what giving that permission means. By signing this form, I understand and give permission to the CYACSM to collect, use, and disclose limited personal information **about me** for the purpose of strengthening group content and improving future groups.

- I understand that any information that the CYACSM knows about me is safe and that it will only be shared within the agency, with my permission, and it will remain private.
- I understand that the CYACSM has a duty to report certain information such as abuse, or if they feel I am in danger of hurting myself or another person.
- I understand that the services at the CYACSM are free and voluntary, and I can verbally remove my consent at any time.
- I understand that I am giving my consent to participate in **Virtual Common Ground Youth Group** for a duration of six weeks.
- I understand that any information shared with me by other participants and facilitators is confidential and will not be shared outside of the group. (names, personal information, experiences shared).

Youth First and Last Name: _____

Youth Signature: _____

Date: _____

"Children's Voices will be Heard"

Child Advocacy Centre of Simcoe/Muskoka

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