



INFORMATION FORM 20____

Drop-In Centre

36 Queen Street, Sherbrooke (QC) J1M 1H9
General info: 819-933-6033 | Animators: 819-564-9790
activities@fondationdixville.org

IDENTIFICATION

Name: _____

Language: French English

Address: _____

Phone number: _____

Email: _____

Referred by: _____ Phone number: _____
(Social worker, educator, etc.)

EMERGENCY CONTACT & INFORMATION

Contact (name and phone number): _____

Information (i.e., allergies, diabetic, epileptic): _____

TRANSPORTATION

- By personal means (car, carpooling, etc.)
- Adapted
- Public (bus)
- Contractual (taxi)

AUTHORIZATION FOR THE USE OF IMAGE

(photographs and videos)

The Dixville Home Foundation does not use the image of its users without the authorization of *the user in question, the parent or of the legal representative* (tutor and curator). The consent of the user is considered in priority if his/her age (of a minimum of 14) and aptitudes allow it. If the user is not apt to sign, the consent and signature of the parent or legal representative are required.

Authorization is granted by the user

Date of birth: _____ - _____ - _____
(aaaa-mm-dd)

SECTION FOR THE PARENT OR LEGAL REPRESENTATIVE (if applicable)

Authorization is granted by: the parent the tutor the curator

Name: _____

Email: _____ Phone: _____

AUTHORIZATION

In conformity with the authorization contained in this present form, I, _____, agree that the Dixville Home Foundation can use images of me (photographs and/or videos) for any purpose in connection with promoting the activities of the Foundation (e.g., publicity, website, pamphlet and/or Facebook page, etc.). The Foundation may crop or modify the images and combine them with other images, text, audio recordings and graphics. Additionally, the Foundation can use the royalty-free images of me for an unlimited time. However, I can withdraw my authorization at any time (you can do so by email to admin@fondationdixville.org).

Comments

| | Yes | No |
|---|--------------------------|--------------------------|
| I consent to the use of royalty-free images of the user | <input type="checkbox"/> | <input type="checkbox"/> |
| While keeping the name anonymous | <input type="checkbox"/> | <input type="checkbox"/> |

Signature*: _____ Date: _____
(Of the user, parent or legal representative)

Signature of the witness: _____

* *The signatory must be authorized to sign according to the existing legislation.*