



## INFORMATION FORM

### Drop-In Centre

36 rue Queen, Sherbrooke (QC) J1M 1H9

General Info: **819-933-6033** | Animators: 819-721-6200

[activities@fondationdixville.org](mailto: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 Foundation does not use the image of its users without the authorization of the user in question, the parent or the legal representative (tutor or 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 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](mailto:admin@fondationdixville.org)).

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes    No

I consent to the use of royalty-free images of the user  
While keeping the name anonymous

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <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.*