



# REGISTRATION FORM NAVIGATING THE JUSTICE SYSTEM TRAINING SESSION FOR YOUTH WORKERS AND STUDENT SUCCESS TEACHERS

Please print clearly and in block letters. This form is used to generate certificates of completion.

## CONTACT INFORMATION

Name: \_\_\_\_\_  
(Last Name) (First Name)  Youth Worker  
 Student Success  
Organization/Board/School: \_\_\_\_\_  Teacher  
 Other  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  Personal  Work

**While there is no registration fee to attend a training session, included are session materials, snacks and lunch. If you register for a workshop and do not attend or find a replacement, you will be charged a \$50 No-Show Fee. OJEN will send an invoice directly to your organization/school.**

Signature: \_\_\_\_\_

- YES, I WILL attend the Navigating the Justice System Training Session on [please check one]:**
- |  |  |
|--|--|
| <input type="checkbox"/> <b>Monday November 30, 2009</b><br>Area: East Scarborough,<br>Boys & Girls Club of East Scarborough | <input type="checkbox"/> <b>Friday January 29, 2010</b><br>Area: Downtown<br>Scadding Court Community Centre         |
| <input type="checkbox"/> <b>Thursday December 3, 2009</b><br>Area: West Toronto<br>Seneca @ York                             | <input type="checkbox"/> <b>February 2010, Date: TBC</b><br>Area: West Scarborough<br>McGregor Park Community Centre |

Dietary Needs/Food Restrictions (if any): \_\_\_\_\_

### Photo Permission:

The purpose of this consent form is to protect the privacy of individuals and to ensure that personal information is shared properly.

The participant may be filmed and photographed during OJEN programming. The participant consents to allow OJEN to reproduce, publish, and/or broadcast the film, digital images, and/or video footage taken during this OJEN program

I have read the above information and fully understand the contents. For valuable consideration, I hereby give OJEN permission to use the aforementioned items and I authorize the use of reproduction of it by OJEN or anyone authorized by them. I hereby also waive any rights of compensation or ownership thereto.

- Signature \_\_\_\_\_
- Please add me to OJEN's email distribution list.  
 Please add me to OJEN's mailing list.

Please sign and send form **by fax to:** Ontario Justice Education Network, **416.947.5248**  
**Email confirmations will be sent once registrations are processed.**  
For further details please contact OJEN by phone: 416-947-5273 or via email: [info@ojen.ca](mailto:info@ojen.ca)

