



## **Blast Registration Form**

### **1 Provide youth information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Youth's Phone (xxx-xxx-xxxx): \_\_\_\_\_ Date of birth (dd/mm/yyyy): \_\_\_\_\_

Youth's Email: \_\_\_\_\_ Language Preferred: \_\_\_\_\_

Grade: ☐ Grade 10 ☐ Grade 11 ☐ Grade 12 Gender Identity: \_\_\_\_\_  
\_\_\_\_\_

CASE ID #: \_\_\_\_\_ NS Health Card Number (HCN): \_\_\_\_\_

Name of Social Worker: \_\_\_\_\_ Social Worker Phone (xxx-xxx-xxxx): \_\_\_\_\_

**Food allergies & dietary restrictions** \_\_\_\_\_

Accessibility needs \_\_\_\_\_

Any other needs or requirements to ensure youth's participation \_\_\_\_\_

### **2 Provide chaperone information:**

**Please note, chaperones are expected to remain and participate in the BLAST event for its entire duration, including the overnight stay.**

Name of adult accompanying the youth: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_ Phone (xxx-xxx-xxxx): \_\_\_\_\_

Email address: \_\_\_\_\_

**Food Allergies & dietary restrictions:** \_\_\_\_\_

Accessibility needs \_\_\_\_\_

Any other needs or requirements to ensure the chaperone's participation \_\_\_\_\_

Shirt Size: \_\_\_\_\_

### 3 Youth participation and interests

☐ Youth has been notified and is willing to participate in the event.

Rooming Preference: ☐ Single Room ☐ Shared Room      **Shirt Size:** \_\_\_\_\_

If known, indicate youth's area of educational interest, future career plans or goals \_\_\_\_\_

Evening Social Event Preference ☐ Movie Night ☐ Esports-Video Game Cafe ☐ BOARD Game Night ☐ Other \_\_\_\_\_

What would you like to get out of this experience? \_\_\_\_\_

Questions or concerns? \_\_\_\_\_

### 4 Event information

**Registration Deadline: May 3<sup>rd</sup>, 2025**

Date: **May 28<sup>th</sup> and 29<sup>th</sup> / 2025**

Arrival/registration: **1:00 PM**

Location:

Arrival instructions to follow.

**5 Return completed form via e-mail by May 3<sup>rd</sup> to: [blast@novascotia.ca](mailto:blast@novascotia.ca)**

If you have any questions, please contact : Barb Estwick @ [barb.estwick@novascotia.ca](mailto:barb.estwick@novascotia.ca)  
[elizabeth@lovenovascotia.ca](mailto:elizabeth@lovenovascotia.ca)

#### Office Use Only

Date Received (dd/mm/yyyy):

\_\_\_\_\_