



Written Consent Proof of Full Vaccine

By voluntarily signing this form, you are giving the YMCA-YWCA of Vancouver Island written consent to store information stating the Y has verified documentation and confirmed you are **fully** vaccinated against COVID-19 (as per the current Public Health Order).

You also understand that you can revoke this consent at any time by contacting Registration Services at registration@vancouverislandy.ca

Please use CAPITALS

Member's FIRST Name:

Member's LAST Name:

Member's Phone #

Member's email

This section to be completed after staff have verified ID and vaccine

Today's Date: _____

Member's Signature: _____

Staff Initials [confirmation that ID and Vaccine have been verified]: _____