



Canadian Administrator of VRS (CAV), Inc.

Administrateur canadien du SRV (ACS), inc.

PARENTAL CONSENT FORM

A Parent or Legal Guardian must complete and sign this form to authorize their Deaf child under the age of majority to use Canada VRS.

I have read, understand and agree to the Terms and Conditions of Use and the CAV Privacy Policy and that these Terms and Conditions will apply to the Deaf child covered by this form.

I understand and agree that the collection, use and disclosure of personal information in connection with the video relay service and any related services and software made available by CAV ("SRV Canada VRS") is governed by the CAV Privacy Policy.

I, _____, authorize the Canadian Administrator (print full name of Parent/Guardian)

of VRS (CAV), Inc. to offer VRS to, and collect, use and disclose the personal information of

_____, (the "Minor"), born _____ (print full name of Minor) (dd/mm/yyyy)

for the purposes of authorizing the Minor to use sign language to communicate with voice telephone users, as described in section 3 of the CAV Privacy Policy.

I understand that I can withdraw my consent to the collection, use or disclosure of the Minor's personal information at any time, upon reasonable, advance notice. Such a withdrawal however, may result in VRS no longer being offered to the customer.

I represent and warrant that I am over the age of majority and that I have the capacity and right to provide this consent.

I hereby consent to the collection and use of personal information as described above.

* _____ Signature of Parent/Guardian

_____ Date (dd/mm/yyyy)

_____ Address of Parent/Guardian

_____ Telephone number (including area code)

_____ City Province Postal Code

_____ Email address of Parent/Guardian



**Canadian
Administrator of
VRS (CAV), Inc.**

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REGISTRATION FORM
For your child

Child's First name	
Child's Last name	
Child's Cell telephone number (if they have one)	
Child's e-mail address (if they have one)	
Password (must be between 8 to 20 alphanumeric characters)	
Preferred Written Language (check one)	<input type="checkbox"/> English <input type="checkbox"/> French
Dominant Sign Language (check one)	<input type="checkbox"/> ASL (American Sign Language) <input type="checkbox"/> LSQ (Langue des signes québécoise)
I certify that my child is Deaf, hard of hearing or speech-impaired and use sign language.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I accept the TERMS AND CONDITIONS for SRV Canada VRS service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Opt-in to receive SRV Canada VRS e-Newsletter and other SRV Canada VRS marketing updates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child live with the parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, see next question)
If no, for 9-1-1 reason, please provide child's address; e.g. street, city, province, postal code.	