



# Program Registration Form

Use this form to register for During and After School Programs. Completed form and processing fee must be turned in to guarantee your place. All sections MUST be completed.

## PARTICIPANT INFORMATION

PARTICIPANT NAME (FIRST AND LAST)

MALE

FEMALE

RACE:

HOME ADDRESS

CITY STATE ZIP

PARTICIPANT DATE OF BIRTH CURRENT GRADE

PARENT/GUARDIAN(S) NAME:

CELL HOME PHONE:

EMAIL:

## TRANSPORTATION

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (Please note: Authorized persons must be an adult or an older sibling in high school or above. We will only allow your child to leave with the people you list here. A Photo ID or Password will be required.) PASSWORD:

PEOPLE AUTHORIZED TO PICK-UP (PLEASE LIMIT TO 2):

## STAFF USE ONLY

DATE & TIME FORM TURNED IN

DATE & TIME DEPOSIT MADE

STAFF INITIALS

## FIELD TRIP PERMISSION

OCCASIONALLY, YOUR CHILD MAY BE INVITED ON A FIELD TRIP AS PART OF THE AFTER SCHOOL PROGRAM. IN THE EVENT OF A FIELD TRIP, YOU WILL RECEIVE DETAILED INFORMATION ABOUT THE PROPOSED EXCURSION. BY SIGNING BELOW, YOU GIVE THE TAP INTO VIOLENCE YOUTH PROGRAM AND ITS AFFILIATES TO TRANSPORT YOUR CHILD TO AND FROM ANY FIELD TRIP OPPORTUNITY.

PARENT/GUARDIAN SIGNATURE/ DATE:

## EMERGENCY CONTACT

FIRST NAME, LAST NAME:

CELL PHONE AND ALTERNATE PHONE:

## MEDICATION INFORMATION

DOES YOUR CHILD TAKE ANY MEDICATION? (CIRCLE ONE) YES NO

IF SO, LIST:

WILL YOUR CHILD NEED TO BE ADMINISTERED ANY MEDICATION WHILE PARTICIPATING IN THE TAP INTO VIOLENCE YOUTH PROGRAM?

(CIRCLE ONE) YES NO

IF SO, LIST:

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

## HEALTH HISTORY

This information will help us provide the best care for your child and will help in the event of an emergency. Please provide accurate and thorough information.

- ASTHMA - DOES YOUR CHILD CARRY AN INHALER? YES NO
- ADD/ADHD  HEART DEFECT/DISEASE  DIABETES  HYPERTENSION  EPILEPSY
- OTHER:

## ALLERGY INFORMATION

PLEASE LIST ANY KNOWN ALLERGIES

- FOOD ALLERGIES - PLEASE LIST:
- BEE STINGS  TREES, GRASS, POLLEN  ANIMALS - PLEASE LIST:
- OTHER:
- DOES YOUR CHILD CARRY AN EPI-PEN? YES NO

## CHILD HISTORY

The Tap Into Violence Youth Program will need to know of the history of your child being in trouble, incarcerated, involved in a gang or participating in any gang activity or participating in any acts of violence whatsoever in order to provide your child with the appropriate services and programs. We ask that you are honest with your answers and that you are willing to share the story/event in its entirety.

- Has your child ever been incarcerated or been a part of a juvenile detention program? YES NO
- Has your child been involved in a gang or participated in any gang related activity? YES NO
- Does your child get reprimanded often in school (i.e. in school suspension, suspension, expulsion) YES NO
- Does your child exhibit any violent behavior or have anger management issues? YES NO
- Does your child have any access to weapons or dangerous firearms? YES NO
- Does or has your child given threats to anyone? YES NO

## LIABILITY WAIVER

By signing this document I (we) agree to the following terms: In case of illness or accident, THE TAP INTO VIOLENCE YOUTH PROGRAM is authorized to secure emergency medical treatment at my expense. THE TAP INTO VIOLENCE YOUTH PROGRAM reserves the right to dismiss any participant who does not show respect for the facility, including but not limited to: property, equipment, policies, other participants and staff. Participants who are dismissed will not be given a refund of fees paid. TAP INTO VIOLENCE YOUTH PROGRAM assumes no responsibility for personal property that is either in or out of lockers. By signing this Program Enrollment Form, I (we) hereby waive any and all claims against THE TAP INTO VIOLENCE YOUTH PROGRAM. I understand that it is up to me to consult physicians and other professionals to make sure that the child registered above can safely participate in activities and events with THE TAP INTO VIOLENCE YOUTH PROGRAM. I also understand and agree that by signing this Agreement, I am giving up my (or the minor for whom I sign) right to make any claim against THE TAP INTO VIOLENCE YOUTH PROGRAM, its agents, employees, partners and volunteers, including the right to sue them, for bodily injury or property damage or any other loss that I might suffer while using facilities provided to THE TAP INTO VIOLENCE YOUTH PROGRAM and services, except as limited by law.

**NOTICE - In order to promote a safe and secure environment, video cameras have been placed in various locations and sites used by THE TAP INTO VIOLENCE YOUTH PROGRAM. As part of our commitment to the safety of children and vulnerable persons, THE TAP INTO VIOLENCE YOUTH PROGRAM reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.**

*THE TAP INTO VIOLENCE YOUTH PROGRAM MAY USE THE ABOVE LISTED PARTICIPANT'S PHOTO FOR PROMOTIONAL PURPOSES.*

**PLEASE CHECK THE APPROPRIATE BOX: I give The Tap Into Violence Youth Program permission to use photographs & Videos of participant.**  YES  NO

**NAME OF PARENT OR GUARDIAN/ DATE:**

**SIGNATURE OF PARENT OR GUARDIAN:**