**GLASTONBURY YOUTH AND FAMILY SERVICES**

 **PROGRAM REGISTRATION FORM**

**I, give permission for my child to participate in the Glastonbury Youth and Family Services**

**Positive Youth Development Programs for 6/24/15 thru 6/30/16.**

**PARTICIPANT INFORMATION**

Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_\_\_\_

Participant’s cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (present school/grade) Grade:\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_

Parent/Legal Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographics (Optional)**

Race: Ethnicity:

\_\_\_\_American Indian/Alaska Native \_\_\_\_Hispanic/Latino

\_\_\_\_Asian \_\_\_\_Not Hispanic/Latino

\_\_\_\_Black/African American

\_\_\_\_ Native Hawaiian/Other Pacific Islander [**Note:** We provide certain demographic

\_\_\_\_ Multi Racial information from this form to the State of

\_\_\_\_ White CT Department of Education for statistical and research purposes]

---------------------------------------------------------------------------------------------------------------------------------------------------

**►PERMISSION TO VIDEOTAPE AND PHOTOGRAPH**.

I give permission to staff members of Glastonbury Youth & Family Services to videotape and/or photograph my child in agency programs for publicity and/or reporting purposes. (Please check this box if you **do not want** your child videotaped or photographed).

**►HEALTH INFORMATION**

Are there any health issues you would like the staff to be aware of regarding this individual?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of your child requiring medical attention we will need your written consent. Please sign this document to grant permission for emergency medical treatment.

**►PERMISSION TO TRANSPORT PARTICIPANT**

I give permission for my child to be transported in a town vehicle to and from activities as required for the above indicated program. (Field trips will require a separate permission form, which will be provided as appropriate)

**►WAIVER RELEASE FORM**

Being of full age and inconsideration of my child’s participation in this program I do hereby release and forever discharge the Town of Glastonbury, its agents and employees, its representatives, successors, and assignees from all claims arising out of any personal injuries, damages, expenses, and any loss of damage whatsoever resulting or which may result from participation in this program.

**PARENT or GUARDIAN’S SIGNATURE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_

**For office use only**

CE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Outreach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAPC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_