

**FY 2021-2022**

**Youth Alternatives, Inc.**

Please indicate interests of the youth being enrolled:

Referring Agency/Program:

**One Graff Street, Oil City, PA 16301  
814- 676-5785 Fax: 814- 677-0697**

**1250 Elk Street, Franklin, PA 16323  
814-346-0188**

**Email: [kids.rule@yavenangocounty.org](mailto:kids.rule@yavenangocounty.org) Executive Director, Corrina Woods**

**REGISTRATION AND RELEASE FORM**

**REGISTRATION**

Name of Youth being enrolled: \_\_\_\_\_

Youth's Birth Date: \_\_\_\_\_ Youth's Social Security Number: \_\_\_\_\_

Has the above youth ever been put in placement through CY5, JPO (please circle if yes), or indicate other? \_\_\_\_\_

Parents/Guardians \_\_\_\_\_  
(First & Last Names of ALL Parents/Guardians in Household)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Or contact \_\_\_\_\_ Phone \_\_\_\_\_

Number of YOUTH in Household: \_\_\_\_\_

Number of Adults in Household: \_\_\_\_\_

**LIABILITY RELEASE**

Above youth may be participating in Youth Alternatives programs. I acknowledge the risks and potential risks of some Youth Alternative's programs. However, I feel that the possible benefits to me/my son/my daughter ward are greater than the risks assumed. I hereby am intending to be legally bond for myself, my heirs and assigns, executor or administrators, waive and release forever all claims for damages against Youth Alternatives of Oil City, Inc., its board of directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I, my son/my daughter/my ward may sustain while participating in the Youth Alternative program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(youth if 18 yrs old, parent, or guardian)

**PHOTO REALEASE**

I hereby consent to and authorize the use and reproduction by Youth Alternatives of Oil City, Inc., of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(youth if 18 yrs old, parent or guardian)

# YOUTH ALTERNATIVES, INC.

1 Graff Street, Oil City, PA 16301  
814-676-5785 Fax: 814-677-0697

1250 Elk Street, Franklin, PA 16323  
814-346-0188

Email: [kids.rule@vavenangocounty.org](mailto:kids.rule@vavenangocounty.org) Executive Director: Corrina J. Woods

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event that emergency aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Youth Alternatives of Oil City, Inc. to:

1. Secure and retain medical treatment and transportation if needed,
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name of Enrolled Youth: \_\_\_\_\_ Phone: \_\_\_\_\_

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

In the event that I can not be reached, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
or Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

### CONSENT PLAN

This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Youth if 18 yrs. Old or Parent or Guardian)

### NON-CONSENT PLAN

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event that emergency aid/treatment is required, I wish the following procedures to take place:

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Person Signing Form: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Health/Medical Comments (if Needed):

The official registration statement and financial information of Youth Alternatives of Oil City, Inc. may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.