

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## Youth Center Registration Form

My son/daughter has permission to participate in Waterford Youth Services Bureau programs. This includes supervised activities, which may take place within walking distance of Waterford Youth Services Bureau, i.e. library, high school fields, etc., and other local offsite events where I would be responsible for transportation to and from the even location.

My child and I have both read and understand the Youth Center rules, including the late pick-up policy and procedure related to suspension. We understand that behavior that threatens the well being of other participants or staff will result in suspension from the Center. Smoking, the use of drugs or alcohol, being under the influence, possession of a dangerous weapon, or gambling will mean immediate suspension.

**Student Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Student Ethnicity:** (Circle One) Hispanic/Latino Not Hispanic

**Student Race:** (Circle One) American Indian /Alaska Native Asian Black/ African American

Native Hawaiian/Other Pacific Islander Multiracial Other White

**Current Grade Level:** \_\_\_\_\_ **Current School Attending:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Student's Family Constellation:** (Please circle one)

Two Parent

Grandparents

Joint Custody

Step & Birth Parent

Relative/ Guardian

Other

Single Mom

DCF Guardianship

Single Dad

Foster Parents

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please complete the following emergency information:

In consideration for participating in the above-referenced program/activity sponsored by Waterford Youth Services Bureau/Town of Waterford, I hereby waive and release the Town of Waterford its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my (or my child's) participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby represent that I understand and am familiar with the nature and type of activities in which I (or my child) will participate as part of the above-referenced program/activity. I further represent that I am, (or my child, if applicable is,) in good physical and mental condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of necessary safeguards and appropriate equipment for protection against injury. I have read this document and understand and agree to its terms and conditions.

\_\_\_\_\_  
Signature (Parent/Guardian) Date

**OVER**

**Emergency Contacts** (other than above information):

1. Contact Name and Phone: \_\_\_\_\_

2. Contact Name and Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Publicity Permission:**

Photo opportunities related to our programs occasionally arise. Please indicate whether or not we have permission to include your child in any photographs or video. As always, we would let you know where and when pictures would be used.

\_\_\_ YES, my child \_\_\_\_\_ has permission to be photographed for Waterford Youth Services Bureau program(s).

\_\_\_ No, I do not wish my child \_\_\_\_\_ to be photographed for Waterford Youth Services Bureau program(s).

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

\_\_\_ **Initial here if your child has permission to walk home from the Center.**

Please provide information on any of the following:

- Allergies:
- Important medical history:
- Physical disabilities:
- Seizures: