

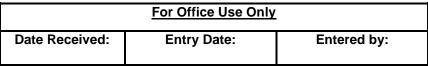
ADOLESCENT PROGRAM REGISTRATION Piper High School Afterschool 2016-17



PRIMARY COMPONENT:

				Particip	oant Inf	formati	ion						
Last Name	First Name Midd			Middle	Middle Name			Student ID			Gender		
											□ Male □ Female		
Street Address					City			State	Z	Zip Code			
Birth Date	irth Date Age Gra			le Country of			th						
/					ted Stat	tes 🗆	Other_						
		I	Parer	nt/Legal	Guard	lian Inf	form	ation					
Full Name of Mother/Le	gal Guardia	an				Full na	ame o	f Father/L	.egal Gua	rdian			
Street Address (if differ	ent from pa	articipant)				Street Address (if different from participant)							
City	State		Zip			City			State		Zip		
Home Phone		Mobile Ph	Phone			Home	Home Phone			Mobile	Phone		
Are there any custody i	ssues? \square	Yes □ No	o If ye	es, please	e provide	docume	ntatio	n to the YI	MCA office	9.			
In the event that a pare	ent/guardia	an cannot b	oe rea	ched in a	an emer	gency s	situati	h orizatio on, the fo cipant pic	llowing ir	ndividuals	are provided consent		
Contact Name Relati				tion			Phone Number		Phone Number				
1.													
2.													
3.													
Individuals NOT AUTHORIZED for pick up/participant contact:													
1. 2.					3.								
The YMCA 21st Cent for students. Once a				dents at a		ecific to o longer	site						
Upon signing out from	program, m	ny son/dau	ghter v										
□ Walk home □ Be picked up □ Ride the bus													
				For C	Office U	se Only	L						
ard O	Data Pagaiyad: Entry Data: Entored by:												







	Please indicate one or							
Qualify for free or reduce lunch Performing at or below the 40 th percentile Reading below grade level Documentation of behavioral problems Have little or no attachment to school								
	<u> </u>							
The demographic information gath	Student Demographi ered herein is solely used for state and its funders. Student information	tistical purposes o	n behalf of the YMCA of Broward County ential.					
Household arrangement	Household income		Free or Reduced Lunch					
□ Both parents□ Single parent□ Other arrangement	□ 0-9,9999 □ 40,000-4 □ 10,000-19,999 □ 50,000-6 □ 20,000-29,999 □ 70,000-9	9,9999	□ Yes □ No					
-	□ 30,000-39,999 □ 100,000-	over	Ethnicity					
Number in Household:		☐ Yes, Spanish/Hispanic/Latino☐ No, Not Spanish/Hispanic/Latino						
Language Spoken	Race		Cultural Influence					
 □ Bilingual Creole/English □ Bilingual Spanish/English □ Creole □ English □ Spanish □ Declined 	□ African American/Black □ Asian □ American Indian or Alaska Note □ Caucasian/White □ Native Hawaiian or Pacific Isi □ Multiracial □ Declined Medical Inform	lander	 □ American □ British □ Central/South American-Hispanic □ Cuban □ German □ Haitian □ Italian □ Puerto Rican □ West Indian □ Other □ Declined 					
Name of Insurance Carrier and Plan	Name	Family Physician						
Carrier Phone	Insurance ID number	Physician Contac	ct Phone					
Carrier Friorie	modrance in number	i nysician contac	or i none					
Please list ADA Accommodation	ons needed	Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:						
Please explain any medical issues s	tated above with treatment, attenti	□ Allergies □ Asthma □ Diabetes □ Epilepsy/Seizures □ Serious headache/Migraine □ Other						
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Community Resources

Please indicate if you would like more information about:

- □ Food and Nutritional Assistance (EBT Program, WIC, Pantries)
- □ Health Insurance (Medicaid, Florida Kid Care)
- □ Employment (Workforce One, Job Fairs, Career Counseling)
- □ Counseling Services
- □ Financial Assistance/Financial Literacy
- □ Child Care Resource and Referrals

Agreement and Release of Liability

I give my child(ren) permission to participate in YMCA activities. In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of the facilities or equipment or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself, and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of Broward County, their directors, officers, employers, and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

Medical Attention: Should the YMCA be unable to reach me or the person(s) designated, the YMCA is authorized to administer first aid and/or contact my physician and/or arrange for immediate medical treatment to ensure the health and safety of my child(ren). I accept responsibility for payment of medical services rendered.

Photo Release: I grant the YMCA of Broward County permission to use photographs and videotapes taken of my child(ren) for YMCA publication purposes.

Transportation and Field Trips: I give my child(ren) permission to participate in YMCA events and field trips. I understand that the YMCA of Broward County may provide transportation to and from scheduled field trips. Parent/Guardian will be informed of all planned events.

Custody: Decisions regarding who is authorized to pick up a participant will be governed by the information listed on page 1 of this document.

Behavior Policy: I understand that the YMCA of Broward County will follow the same behavior policies as the School Board of Broward County and that my child is held to these same standards.

Shared Information: In order to continue funding programs like this one, Children's Services Council of Broward County ("CSC") conducts research to see how participants do while in the program, as well as after they leave the program. In addition to outcome data collected from participants in their program, CSC research staff may give participants additional surveys and assessments. CSC may also collect information on participants after they complete the program. The information collected after participants leave the program will come from county and state public health databases like Department of Health. The information participants provide will not be used to identify them. CSC has created many safeguards to protect participants' privacy and to prevent unauthorized use or access to it. CSC is not allowed to release any of participants' personal information (Open Government Sunset Review Act; Section 119.15, F.S.). I give permission for my child's information to be used for statistical purposes.

have read t	his	form and	gran	t permission	or my	/ child	to	participat	e in a	II activities	provided	by the	YMCA o	of Broward	Count	ίy.
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Parent/Guardian Signature:	 Date:	
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