



ADOLESCENT PROGRAM REGISTRATION
Dillard High School
Summer 2018



Participant Information

Last Name	First Name	Middle Name	Student ID	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Zip Code
Birth Date	Age	Grade	Country of Birth and last 4 digits of Social Security #	
___/___/___			<input type="checkbox"/> United States <input type="checkbox"/> Other SS# _____	

PRIMARY COMPONENT:

Parent/Legal Guardian Information

Full Name of Mother/Legal Guardian			Full name of Father/Legal Guardian		
Street Address (if different from participant)			Street Address (if different from participant)		
City	State	Zip	City	State	Zip
Home Phone		Mobile Phone		Home Phone	

Are there any custody issues? Yes No *If yes, please provide documentation to the YMCA office.*

Emergency Contact / Pick-Up Authorization

In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.

Contact Name	Relation	Phone Number	Phone Number
1.			
2.			
3.			

Individuals NOT AUTHORIZED for pick up/participant contact:

1.	2.	3.
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Student Dismissal

The YMCA 21st Century program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the YMCA 21st Century program and its affiliates.

Upon signing out from program, my son/daughter will:

- Walk home Be picked up Ride the bus

For Office Use Only

Date Received:	Entry Date:	Entered by:
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Eligibility

Please indicate one or more factors:

- Qualify for free or reduce lunch
- Performing at or below the 40th percentile
- Reading below grade level
- Documentation of behavioral problems
- Have little or no attachment to school

Student Demographic Information

The demographic information gathered herein is solely used for statistical purposes on behalf of the YMCA of Broward County and its funders. Student information is kept confidential.

Household arrangement	Household income	Free or Reduced Lunch
<input type="checkbox"/> Both parents <input type="checkbox"/> Single parent <input type="checkbox"/> Other arrangement Number in Household: _____	<input type="checkbox"/> 0-9,999 <input type="checkbox"/> 40,000-49,999 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 50,000-69,999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 70,000-99,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 100,000-over	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Ethnicity
		<input type="checkbox"/> Yes, Spanish/Hispanic/Latino <input type="checkbox"/> No, Not Spanish/Hispanic/Latino
Language Spoken	Race	Cultural Influence
<input type="checkbox"/> Bilingual Creole/English <input type="checkbox"/> Bilingual Spanish/English <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Declined	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Declined	<input type="checkbox"/> American <input type="checkbox"/> British <input type="checkbox"/> Central/South American-Hispanic <input type="checkbox"/> Cuban <input type="checkbox"/> German <input type="checkbox"/> Haitian <input type="checkbox"/> Italian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> West Indian <input type="checkbox"/> Other _____ <input type="checkbox"/> Declined

Medical Information

Name of Insurance Carrier and Plan Name		Family Physician
Carrier Phone	Insurance ID number	Physician Contact Phone
Please list ADA Accommodations needed _____ _____ _____ _____ _____		Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for: <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Serious headache/Migraine <input type="checkbox"/> Other _____
Please explain any medical issues stated above with treatment, attention, or advice from a physician _____ _____		



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.

I have read this form and grant permission for my child to participate in all activities provided by the YMCA of Broward County.

Parent/Guardian Signature: _____ Date: _____