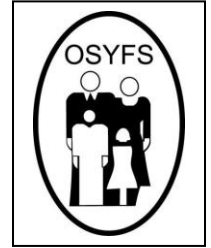




2016-2017 Program Registration for OS Jr. Youth Action Council



Student Registration Form Please complete and bring to JYAC meeting

Student Information

Student's Name: _____ DOB _____ Age: _____ Grade: 8

Address: _____

Day Time Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Person (*if unable to reach parent*): _____

Phone Number: _____

Medical Information

Physician's Name: _____

Physician's Phone Number: _____

Allergies or Conditions We Should Know About: Not Applicable

T-shirt size: _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes (*Kindly attach copy of card*) No

If yes, indicate carrier or plan name: _____

ID#: _____ Group #: _____ Medicaid #: _____

Subscriber's Name: _____

Demographics (please check one in each category)

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi Racial
- White

Family:

- 2 Birth/Adoptive Parents
- Step & Birth Parent
- Single Parent Female
- Single Parent Male
- Grandparent
- Relative/Guardian
- DCF
- Foster Parent
- On Own
- Joint Custody
- Other

Free/Reduced Lunch:

- Receives Free/Reduced Lunch
- Eligible for Free/Reduced Lunch
- Not Eligible

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Please Note: We provide certain demographic information from this form to the State of CT's Department of Education for statistical and research purposes.

Authorizations & Signatures

- Please check here if you do **NOT** want your student's name or photo published.
- Please check here if your student does **NOT** have permission to fill out anonymous surveys.
- Please check here if the YFS program does **NOT** have permission to obtain the State Assigned Student ID # from your student's school.
- Please check here if you do **NOT** grant permission for your student to be transported by a certified agency representative to all YAC sponsored events throughout the school year.

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my student named on this form. Additionally, I the undersigned, do hereby waive and hold Old Saybrook Youth and Family Services, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand Old Saybrook Youth and Family Services does not provide accident or health insurance. In addition, I give permission for my student to participate programs at Old Saybrook Youth and Family Services.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____