



Youth and Family Services
322 MAIN STREET
OLD SAYBROOK, CONNECTICUT 06475
(860) 395-3190 • FAX (860) 395-3189
www.oldsaybrookct.org/youth

2018 Summer Community Service Program
Registration, Waiver and Permission Form

Participant's Name: _____ Age: _____ Date of Birth: _____

Grade (entering in Sept.) _____ Parent/Guardian Name: _____

Address: _____

Day Time Phone: _____ Cell Phone: _____

Parent's Email Address: _____

In case of emergency, contact (please print):

Name: _____ Daytime phone number _____

Physician's Name: _____ Physician's Phone Number: _____

Medical information and/or special needs (i.e. asthma, seizures, allergies to insect bites or poison ivy) (please print): Not applicable.

T-shirt size: _____

Insurance Information (please attach a copy of the insurance card):

Is the participant covered by family medical/hospital insurance? Yes 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

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

Signature of Parent/Guardian: _____ Date: _____

Please be sure to complete additional information on reverse side.

Office Use: \$50 Fee Paid _____: cash check # _____



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Waiver and Permission

I hereby grant permission for my son/daughter _____ to participate in the Session of Old Saybrook Youth and Family Services' Community Service Program checked off below. I understand the Session is from **10:00 a.m. to 2:00 p.m.** on each of the four days and that transportation to and from the sites will be provided by Youth and Family Services. I understand that participants **will meet at and return to** Youth and Family Services, 322 Main Street, Old Saybrook.

Please select *one session* from the following:

- HUNGER AWARENESS PROJECT (Monday – Thursday, 7/9-7/12)
- ENVIRONMENTAL STEWARDSHIP PROJECT (Monday-Thursday, 7/16-7/19)

I hereby grant permission to Old Saybrook Youth and Family Services (OSYFS) to photograph the enrolled student/youth and said photos may become part of a slide show, brochures or posters of OSYFS events. I understand that youth will not be identified by name in any printed or video material.

I hereby grant permission for the student/youth to be transported in a motor vehicle operated by an employee of OSYFS (appropriately Licensed by the State) to and from OSYFS activity sites.

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 child 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.

- Please check here if your child 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 child's school.

Signature of parent/guardian: _____ Date: _____