

**June 2016-June 2017 Youth Recreation Program  
REGISTRATION FORM**

Child's Name: \_\_\_\_\_  
First Last M.I.

Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different): \_\_\_\_\_

Sex: Male Female (please circle one) Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact/Pick-up Designee:**

In the event of an emergency and I cannot be reached, I authorize the following people to pick up my child. In the event my child needs to go home, for any reason, and I cannot be reached, I authorize these same individuals to pick up my child.

<u>Name</u>	<u>Relationship to Child</u>	<u>Day Phone</u>	<u>Cell Phone</u>
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____

**Medical Information:**

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance/Plan Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please provide any pertinent information regarding medical conditions (physical, emotional, mental) and dietary restrictions that the Squaxin Youth Program should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Allergies (Medical, Food, Other): \_\_\_\_\_

By my signature below:

- 1) I give permission for my child to participate in the Youth Recreation Program.
- 2) I give permission for my child to attend field trips.
- 3) I give permission for my child to be transported in program authorized vehicles, in order to attend activities and field trips associated with the Youth Recreation Program.
- 4) I give permission for my child to see **PG-13** movies (circle one):    YES    NO
- 5) I acknowledge I have read the Youth Recreation Program Parent/Guardian Handbook and Registration Packet and understand the policies and procedures contained in it. I understand and agree to the behavior expectations and discipline policies of the Tu Ha' Buts Learning Center. I will talk with my child about the expectations of behavior for the program. I will support the staff to assure a safe, fun program for all participants.
- 6) I understand there is a degree of risk for an accident in any recreation program and hereby release the Squaxin Island Tribe, Tu Ha' Buts Learning Center, Tu Ha' Buts Learning Center staff and directors from any and all responsibility and liability of any nature resulting from my child's participation in the Youth Recreation Program activities. If there is a specific activity that I do not wish my child to participate in, I will inform the Youth Activity Manager in writing.
- 7) I give permission for my child to be photographed in program activities, and for the photographs to be used to document activities, or in promotion of activities.
- 8) (Summer Rec) If I drop my child off before daily activities begin, I understand there is no supervision for my child and I accept full responsibility for doing so.
- 9) (Summer Rec) I understand the end times of daily activities and that my child(ren) must be picked up accordingly. There will be no supervision for my child after scheduled activities. If I have not picked up my child(ren) when daily activities have ended, the TLC will then start contacting the parents, then the identified emergency contacts/pick-up designees. If no one can be reached, as a last resort, the Squaxin Island Public Safety Office will take custody of the child.

*Please check one of the following:*

- I will pick up and drop off my child daily. I have not given my child permission to leave the premises or to walk home alone. I have instructed my child that if he or she needs to leave the premises, for any reason, he/she will remain in the Tu Ha' Buts Learning Center (TLC) office until I or my designee is able to pick him/her up.
- My child will walk to and from the TLC daily. I do not give my child permission to leave the premises or to walk home alone until the end of the day's scheduled activities. I have instructed my child that if he or she needs to leave the premises, for any reason, he/she will remain in the TLC office until I or my designee is able to pick him/her up.
- My child will walk to and from the TLC daily. In the event that my child needs to leave the premises, for any reason, he/she has my permission to walk home alone, without my being contacted.

*Permission to Provide Necessary Treatment or Emergency Care*

*I hereby give permission to medical personnel selected by the Squaxin Youth Program staff to secure and administer treatment, including hospitalization for my child if I cannot be reached. I authorize photocopies, faxed copies or electronic copies of this form to be accepted in place of my original signature.*

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

Parent/Guardian (please print): \_\_\_\_\_