



2016-2017

IMPACT Youth Center After-School Program

Registration/Emergency Information Form

Please advise us of any changes that may occur in the future. All records **must** be kept up to date.

Students name _____ School _____ Age _____ Grade _____

Address _____ Home Phone # _____ Cell Phone # _____

Mother's name _____ Home Phone # _____ Cell Phone # _____

Place of Employment _____ Work Phone # _____

Father's name _____ Home Phone # _____ Cell Phone # _____

Place of Employment _____ Work Phone # _____

Emergency contact number(s) _____ Relationship/Phone # _____ Relationship/Phone # _____

Individual(s) given permission to pick your child up if needed (ID will be required before releasing your child):

_____ Relationship/Phone # _____ Relationship/Phone #

_____ Relationship/Phone # _____ Relationship/Phone #

How will your child(ren) be transported to and from the Impact Youth Center?

_____ Parent/Guardian Drop-off & Pickup _____ Walk/Bike/Car _____ SCAT/Bus

Please specify if your child be late or unable to attend regularly for any reason on:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____



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CONSENT FOR TREATMENT – PART 1

In the event that reasonable attempts to contact the listed individuals have been unsuccessful, I hereby give my consent for

1. The administration of any treatment _____
Preferred Physician Phone Number

OR

Preferred Dentist Phone Number

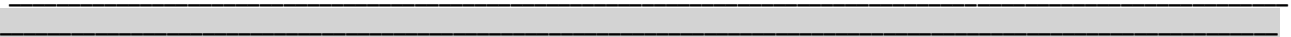
In the event that the designated practitioner is not available, student may be treated by another physician or dentist.

2. The transfer of the student to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list important facts concerning the student’s medical history including allergies or medications currently being taken, any physical or mental impairment to which a physician should be alerted.

Date _____ Parent/Guardian Signature _____



REFUSAL TO CONSENT - PART II

I do not give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the IMPACT Youth Center After School Program authorities to take no action or to: _____

Date _____ Parent/Guardian Signature _____



I hereby give my permission _____ (student's name) to participate in all Impact Youth Center activities. As the natural and legal guardian of the above named child, I hereby certify to the best of my knowledge the said person is free from contagious disease, and is fit to participate in all agency activities. I hereby hold the Impact Youth Center, SMYL, Little Faith Ministries, the mentors, the volunteers and staff members of participating organizations FREE OF ALL LIABILITY resulting from participation in the activities organized by the agency. I understand that this permission may be revoked at any time in writing signed by me and received at the office of the SMYL, and that unless revoked this permission and release will be relied upon by the SMYL staff, volunteers and participation organizations.

Date

Signature of Parent/Guardian

I hereby declare that my child _____ (child's name) has received all proper immunizations necessary for school.

Date

Signature of Parent/Guardian

Authorization to publish, photographs, articles and/or videos

Impact Youth Center, SMYL and Little Faith Ministries uses photographs, articles and sometimes videos (collectively, "Media") for public relations, educational and marketing purposes. Such media may be used in print ads, billboards, agency materials, website and social media. Occasionally, such Media may include pictures of your child. Please read the statements below and sign the appropriate response. Thank you for your cooperation!

I have read the above statement and hereby give my consent for my child's picture to be used in such Media.

Signed: _____

Date: _____

I have read the above statement and would prefer my child's picture NOT be used in such Media.

Signed: _____

Date: _____