



Youth Programs Enrollment Form #1

Last Name of Participant First Name Preferred Name(If different)

Social Security Number Date of Birth

In the event of a medical emergency I understand that Youth Programs staff will try to contact me or the person I have named below as soon as possible. I give permission to Youth Programs staff and to any other supervising adult, volunteer or otherwise, to give emergency first aid treatment that might be needed. I also give permission for Youth Programs staff/volunteers to obtain emergency medical treatment from a qualified practitioner, if necessary.

Participant's Signature Date

Signature of Parent/Guardian Date (Required if participant is under 18 years old)

Participant's Address: Town: Zip Code:

Participant's Phone #(s): (1) (2) (3)

If participant is under 18 years old and/or lives with a parent/guardian:

Parent/guardian name:

Parent/guardian's phone #s: (H) (W) (cell)

Alternate emergency contact & relationship to participant:

Phone #s: (H) (W) (cell)

2nd Alternate emergency contact & relationship to participant:

Phone #s: (H) (W) (cell)

Participant's physician's name Phone #

Health Insurance Company Subscriber's name

Group ID # Member ID #

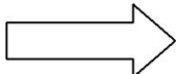
Does the participant have allergies (eg: food, insects, plants or medications)? Yes No If yes, what are they, and what type of reaction does it produce?

Has the participant had any recent injury or surgery? Yes No If yes, please explain

Does the participant take any medication? Yes No If yes, please name the medication, the amount taken, and how often:

Office Use Only: Program Name Staff

Turn over please



Last Name of Participant

First Name

DOB

2011-2012

Youth Programs Permissions

Community Action Youth Programs provides a variety of services, including advocacy, case management, group/individual activities that help develop social, citizenship and leadership skills, plus trips for education and fun. We offer these services in our own buildings, at community sites, and in schools. Participants are always supervised by our trained staff. As is true with any activity, no matter how well supervised, there is a risk of emotional or physical injury.

By signing below, I am agreeing to ask about details of activities the participant is taking part in with Youth Programs, and I am giving permission to Youth Programs to provide services to the participant named above. I understand that:

- ▶ I can take back or cancel this permission at any time by contacting the Director of Youth Programs (phone: 413-475-1797) and then putting my request in writing. This permission automatically ends on June 30th.

Participant's Signature

Date

Signature of Parent/Guardian

(Required if participant is under 18 years old)

Date

Transportation: I give permission for Community Action Youth Programs to transport the participant in Community Action vehicles and/or personal cars. Transportation may be provided to/from our sites for meeting times, during meeting times to/from community sites, field trip destinations or other program locations.

Participant's Signature

Date

Signature of Parent/Guardian

(Required if participant is under 18 years old)

Date

Media Release: I give permission to Community Action Youth Programs to take and use photographs, video, or other media of the participant for news releases, Annual Reports, Youth Programs newsletters, the Youth Programs Website or Facebook page, displays at Youth Programs sites, or other similar uses.

Participant's Signature

Date

Signature of Parent/Guardian

(Required if participant is under 18 years old)

Date

Communication with School Staff/Youth Serving Professionals: I give permission to Community Action Youth Programs to contact school staff or other youth serving professionals about the participant in order to work as a team to best support the participant's success in and out of school.

Participant's Signature

(Required if participant is under 18 years old)

Date

Signature of Parent/Guardian

(Required if participant is under 18 years old)

Date

(Form updated 08/2011)