



Name: _____ Date _____

Address: _____ City _____ State _____

School: _____ Age _____ Grade _____

Parent's Name: _____ Phone Number _____

Emergency Contact: _____ Phone Number _____

Hobbies _____

How can you can make a difference in your community?

Youth Signature: _____ Date _____

CONSENT TO USE PHOTOGRAPHS: I understand that photographs/videos may be taken of me and/or my child at any City of Suffolk program or facility for publication in material used to promote activities and projects.

Release and Waiver: In consideration of being permitted to participate in any way in the Youth Engagement Services, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights, and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness(including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in the Youth Engagement Services.

Indemnification: I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits, and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in the Youth Engagement Services.

Parent/Guardian Signature: _____ Date: _____

**Suffolk Office on Youth
&
Suffolk Parks & recreation**



Youth Engagement Services Registration Form

Child's Name:		Nickname:	
Sex:	Age:	Date of Birth:	
Address:			
City:	Zip:	Home Phone:	
School:		Grade:	
Mother's Name:		Place of Employment:	
Work Phone:		Cell Phone:	
Father's Name:		Place of Employment:	
Work Phone:		Cell Phone:	
Mother's Email:		Father's Email:	

Person(s) authorized to pick up child:
Person(s) NOT authorized to pick up child: (legal documentation must be attached if a parent is listed here)

EMERGENCY CONTACTS:		
List two people who DO NOT live at the same address or have the same phone number as the parent/guardian		
Name:		Relationship:
Address:		
Home Phone:	Work Phone:	Cell Phone:
Name:		Relationship:
Address:		
Home Phone:	Work Phone:	Cell Phone:

EMERGENCY INFORMATION:	
List any medical condition or allergies your child may have and ALL prescription drugs your child may be taking: (Reminder – staff cannot store or administer medication)	
Family Physician:	Phone:

Please read and affirm the following with your initials:

_____ I give permission for my child to attend the Office on Youth field trips while participating in the Youth Engagement Services Program. I understand my child will be riding a Suffolk Public School bus. I realize that departure and return times are approximate.

_____ I understand that my child must have a signed permission slip on file with the Office on Youth.

_____ I understand that my child must be picked up by the time agreed upon by the Youth Services Coordinator and the parent.

_____ In the event of an emergency, I give permission for my child to be transported to the nearest medical facility and have appropriate care administered. It is understood that the staff will make every effort to contact you in such instances.

_____ I will pick up my child immediately or make arrangements for my child to be picked up immediately if he/she becomes ill or is having behavior issues.

_____ I will not hold the City of Suffolk Department of Parks and Recreation, its staff or representatives responsible for loss of personal property or for medical or dental expenses incurred as a result of said participation; including liabilities, expenses or judgments, attorney's fees, or court costs, except claims caused by the gross negligence or willful misconduct of the department.

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Indemnification: I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in the **Youth Engagement Services Program**.

Parent Guardian Printed Name: _____

Signature of Parent/Guardian: _____

Date Signed: _____ (If transcribed, staff initial here _____)

T-Shirt Size: Small Medium Large X-Large XX Large

<i>Field Trip Information:</i>					
Date	Amount	Check/MO #	Receipt #	Session(s)	Staff Initials