

Waterford Youth Services Bureau Youth Center Registration Form

My son/daughter has permission to participate in Waterford Youth Services Bureau (WYSB) programs. This includes supervised activities, which may take place within walking distance of WYSB, i.e. library, high school fields, community center, etc., and other local offsite events where I would be responsible for transportation to and from the event location.

This form expires **June 30, 2015**.

PARTICIPANT INFORMATION

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

Address: _____ City: _____ Zip: _____

School: _____ (for summer programs enter upcoming school/grade) Grade: _____ Gender: _____

Parent/Legal Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Referred to the program by: _____

- Please check here if you do **NOT** want your child's name or photo published:
- Please check here if your child does **NOT** have permission to fill out anonymous surveys:

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

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

Ethnicity:

- ___ Hispanic/Latino
- ___ Not Hispanic/Latino

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

If your child requires pick-up, is there anyone **NOT** authorized to do so: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Are there any specific medical conditions we should be aware of? _____

In consideration for participating in the above-referenced program/activity sponsored by Waterford Youth Services Bureau/Town of Waterford, I hereby waive and release the Town of Waterford, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my (or my child's) participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

Parent/Legal Guardian Signature: _____ Date: _____

For Office Use Only

Services Provided: _____

