

Spokane Tribal 477 Youth Program

REGISTRATION FORM

YOUTH APPLICANT INFORMATION *(* fields are NOT required)*

Age: _____ Grade: _____ Birth Date: _____ Shirt Size (state "Y" for youth or "A" for adult size) _____

Youth Full Name (as is on birth certificate) (Print) _____

Gender: Male / Female School: _____ Social Security Number: _____ - _____ - _____

Tribal Affiliation: **Is the applicant a member of a federally recognized tribe?** Yes / No **Is the applicant a descendent?** Yes / No

Name of Tribe(s): _____ / Enrollment Number: _____ or Descendant relative: _____

Does the applicant have allergies? Yes / No *(IF YES, please fill out additional form for allergies):* _____

PRIMARY GUARDIAN INFORMATION

First & Last Name (print): _____ Relationship: _____

Physical Address: _____ City: _____ Zip: _____

Does the youth live at this address? Yes / No **Is the mailing address same as above?** Yes / No: (if no, please complete below)

Mailing Address: _____ City: _____ Zip: _____

Contact Numbers *(provide as many as possible)* Home #: _____ Work #: _____ Cell #: _____

*Email Address *(if you would like to be emailed alerts, calendars, updates or etc.)* _____

SECONDARY GUARDIAN INFORMATION

First & Last Name (print) _____ : Relationship: _____

Address the same as above? Yes / No *(if no, please complete)* Address: _____

City: _____ Zip: _____

Contact Numbers *(provide as many as possible)* Home #: _____ Work #: _____ Cell #: _____

EMERGENCY CONTACTS **(must have two listed below and allowed to pick your child up or act as a drop off location)**

1. Name: _____ Relationship: _____

Phone 1 _____ *Phone 2 _____ **Permission to pick up child?** Yes / No

2. Name: _____ Relationship: _____

Phone 1 _____ *Phone 2 _____ **Permission to pick up child?** Yes / No

Other notes you feel will be helpful: _____

By signing below, I (guardian) am attesting to the completeness and accuracy of the information provided on this form.

Custodial Guardian Name & Signature _____ Date _____

Spokane Tribal 477 Youth Program
TALENT / PRESS RELEASE

PRINT YOUTH APPLICANT NAME: _____

I hereby authorize Spokane Tribal 477 to use any photographs, video, likeness, characterizations or other resemblance of me, or biographical data concerning me, for any and all purposes, with or without my endorsement, including but not limited to advertising and publicity surrounding the Spokane Tribe, its enterprises, programs, interagency associations/promotions or other entities or activities produced or promoted by Spokane Tribal 477.

I hereby waive any right I may have to approve the final form and content of the use of any resemblance of me hereunder.

I hereby agree to hold harmless Spokane Tribal 477, their successors and assigns and anyone authorized by them from any and all rights, claims, demands and actions, which I, my heirs, executors or assigns may have on account of the use of any of the above.

BY MY SIGNATURE BELOW, I REPRESENT AND AFFIRM THAT I HAVE READ EACH AND EVERY WORD OF THIS PRESS AND TALENT RELEASE AND AGREE TO THE SAME.

IF UNDER THE AGE OF EIGHTEEN A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

(Custodial Guardian Name & Signature)

(Date Signed)

Spokane Tribal 477 Youth Program

RELEASE AND WAIVER OF LIABILITY

PRINT YOUTH APPLICANT NAME: _____

I understand the nature of the program, the facilities, equipment and areas to be used, and if I believe any of them are unsafe, I will immediately inform the person in charge. I assume any and all risks of personal injury to my child and those children that I have legal responsibility for, and myself, including but not limited to medical bills, permanent or partial disability, death and damage to my property arising from his or her participation in the youth program.

I release, waive and discharge, and relinquish any claims I might have against, the Spokane Tribe of Indians and their officers, employees, and agents including the Tribal TANF/477 Program from any liability, loss, damage, claim, demand or cause of action against them arising from me, or my child, or for those children I have legal responsibility for, participation in the youth program.

I give the Spokane Tribal TANF/477 Program employees permission to seek emergency medical treatment for my child as they deem necessary. I release them and the program of all legal responsibility for medical bills that might occur from emergency medical treatment.

This document relieves the Spokane Tribe of Indians and their officers, employees and agents including the Tribal TANF/477 Program from liability for personal injury and/or property damage. By signing below I agree that I have read the above document and agree that I have given up my rights to the above mentioned, and I hereby sign it voluntarily.

IF UNDER THE AGE OF EIGHTEEN A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

(Custodial Guardian Name & Signature)

(Date Signed)

Doctor's Name & Phone Number: _____

Medical Insurance: _____

Any other information needed in case of an emergency:

Spokane Tribal 477 Youth Program

ALLERGY / MEDICAL FORM

This form is to be completed if a parent/guardian noted YES to an allergy on the application.

PRINT YOUTH APPLICANT NAME: _____

List Allergies:

Does your child have an Anaphylactic Reaction to the above allergy? Yes No

If **yes**, please check the severity. Mild Moderate Severe Life Threatening

What medical course is taken for the anaphylactic reaction?

If **no**, what is the reaction to the allergy?

Does your child take medication for the above allergy? Yes No

If yes, does your child need to take it while at the Center? Yes No

Is there any other medical conditions that we should be aware of? Yes No

If yes, please describe below:

(Custodial Guardian Name & Signature)

(Date Signed)

All information provided on this form including the other application forms is confidential to us and will be held in the highest regard. However, this information will be shared with staff and other youth centers when deemed necessary to help aid and protect your child while participating in our program.

Spokane Tribal 477 Youth Program

TRANSPORTS / TRAVEL AGREEMENT

The Ford and West End Youth Program can provide the privilege of transports home at the end of the day. We can also provide pickups during the school breaks if staffing levels, vehicle conditions or weather conditions permit

Please note that our program requires that each child is seated correctly with regards to state and tribal laws. If you know that your child requires a booster seat, we expect that you will notify our program so that we can equip your child for a safe and legal travel. Please know that your child will *NOT* be eligible for travel in our program vehicles until they are equipped.

According to Washington State Law, "children less than eight years old must be restrained in child restraint systems, unless the child is four feet nine inches or taller. A child who is eight years old or older, or four feet nine inches or taller, must be properly restrained either with the motor vehicle's safety belt or an appropriately fitting child restraint system. Children under thirteen years old must be transported in rear seats where it is practical to do so" (http://depts.washington.edu/booster/anton_skeen_bill.html).

Please read through the following rules with your child and submit this form back to the youth program. If we do not have this form signed, dated and on file, your child will not be eligible for transports or travel with our program. This agreement form is not a substitute to our field trip / permission form.

The Rules

- I understand that transports are a privilege for my child to receive and that it may be denied due to their poor conduct / behavior while under the care of the youth program. _____ (initial)
- I have spoken with my child and informed them that they must wear their seatbelt at all times while in a youth program vehicle. _____ (initial)
- I have spoken with my child and informed them that they are not allowed to instigate or take part in any unsafe behaviors that may cause the driver to be distracted such as but not limited to: throwing stuff, yelling or screaming, changing seats while the vehicle is in motion, bullying or mistreating other youth / staff, or any other disruptive behavior that may cause the driver to be distracted. _____ (initial)
- I understand that I **must call at least 15 minutes prior to the beginning of transports** when asking to change drop-off location or other changes regarding transports / travel. _____ (initial)
- I understand that transports are a privilege for my child and that it may be denied due to emergency or unforeseen circumstances _____ (initial)
- **By law, will your child require a booster seat?** Y / N
- **Can you provide a booster seat?** Y / N

By initialing above and signing below, I acknowledge, understand or accept the rules and the actions that will or may be taken should they be violated.

Custodial Guardian Signature: _____ Date: _____ --Send copy of this page home with guardian--
--Send original to youth file, update yearly--