## **HENRY DAVISON YOUTH CENTER**

YOUTH REGISTRATION FORM ONE FORM PER CHILD FORM UPDATED MAY 4, 2015

LAST NAME  CELL PHONE		FIRST NAME  EMAIL
RACE OF CHILD:  African American  Asian  Caucasian	CHILD'S BIRTH DATE	WHAT DO WE NEED TO KNOW ABOUT YOUR CHILD'S BEHAVIOR?
☐ Hispanic/Latino ☐ Native American ☐ Other (Please identify)	CHILD'S GENDER	
	CHILD'S SCHOOL	FEMALE HEAD OF HOUSEHOLD?
		□ YES □ NO
PARENT/GUARDIAN #1		PARENT/GUARDIAN #2
NAME		NAME
PHONE NUMBER		PHONE NUMBER
EMAIL		EMAIL
EMPLOYER		EMPLOYER

ANNUAL HOUSEHOLD INCOME

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## **CHILD'S UNDERSTANDING OF THE RULES**

The rules have been explained to me. I understand that the rules are in place to keep everyone at the Henry Davison Youth Center happy and safe. I agree to abide by the rules and their consequences. If I do not abide by the rules and their consequences, I may be asked to not return. The length of my suspension is determined by the printed rules OR at the discretion of the Henry Davison Youth

Cen	ter.			
	CHILD'S SIGNATURE			
PEI	RMISSIONS FROM PARENT/GUARDIAN			
	My child has permission to attend the Henry Davison Youth Center.			
	I give my consent to medical, dental and/or surgical treatment in the event that my child requires such care. I agree to pay all costs and fees contingent on any such treatment for my child as secured and/or authorized under this consent. This consent is			
п	in effect until I have canceled my child's registration/enrollment in the Henry Davison Youth Center programs.  The Henry Davison Youth Center has permission to photograph or take video of my child and use his/her images in print			
_	(newsletters, fundraising letters, thank you notes, event fliers and notifications, etc.), online (website, Facebook page, emails, etc.).			
	IT IS OK to identify my child by first name.			
	☐ Please do NOT identify my child by first name.			
	My child has permission to attend field trips that have been earned through the behavior points system. A note will be sent			
	home notifying parents of field trip details. My child has permission to be transported by Henry Davison Youth Center staff, volunteers and board members, using staff, volunteer and board member vehicles for such transportation. Transportation will be necessary for field trips, to attend special camps, concerts and other events that are identified as good opportunities for enrolled youth, or simply for a ride home. Not all events are identifiable at this time. For events that will require transportation, a note will be sent home notifying parents of travel needs.			
cert	ENT/GUARDIAN'S ACKNOWLEDGEMENT, RELEASE OF LIABILITY AND ASSUMPTION OF RISK ify that I have provided true and correct information to the best of my ability. I understand misrepresentation or omissions may be a for immediate rejection/termination of my child's registration.			
rele	ase the Henry Davison Youth Center (the Center), its employees, staff, volunteers and board, from liability to(the child/my child) or to any party with a right to make a claim on the child's behalf			
and/d	ng from injury to person or property occurring on Center premises, including any event sponsored or sanctioned by the Center or travel to and from such activities. I understand that the Center reserves the right to send my child home for inappropriate uct or rule breaking.			
	Parent/Guardian's Printed Name			

Date

Parent/Guardian's Signature