



PROGRAM REGISTRATION FORM

YOUTH'S INFORMATION:

First Name:			Last Name:	
Birth Date: ___/___/___	Age:	M <input type="checkbox"/> F <input type="checkbox"/>	# in Household:	Nickname:
Race/Ethnicity:			Household Language:	
School Youth Attends:				Current Grade:
Primary Address:				Apt/Unit #:
City, State, Zip Code:				
Email Address:				
Cell Phone:			Home Phone:	

PARENT(S)/GUARDIAN(S) INFORMATION:

(1)Parent/Guardian:		Copy of Gov't ID? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Relationship to Youth:				
Email Address:				
Cell Phone:			Secondary Number:	
Home Address:				Apt/Unit #:
City, State, Zip Code:				
(2)Parent/Guardian:		Copy of Gov't ID? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Relationship to Youth:				
Email Address:				
Cell Phone:			Secondary Number:	
Home Address:				Apt/Unit #:
City, State, Zip Code:				

EMERGENCY CONTACT:

Note: We will only contact this person if Center 360 is unable to reach parent(s)/guardian(s) listed above

Name:		Phone Number:
Email Address:		



Does your child participate in another enrichment/sports program or other afterschool group? Yes No
If YES, what program?

Do you have rules for your child's behavior that you would like to be used at Center 360?

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Radio	<input type="checkbox"/> Center 360 website	<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter
<input type="checkbox"/> Referral:	<input type="checkbox"/> School: _____	<input type="checkbox"/> Other:	

RELEASE WAIVER

In consideration of my child, (please print name) _____'s, participation in Center 360's program (which meets regularly on a predetermined day of the week and occasionally on other days of the week) I hereby agree on behalf of myself, my heirs, legates, executors, administrators, and personal representatives, to release and hold harmless all staff and coaches, and any and all other persons and organizations assisting Center 360, from liability for any injury to my child, to my child's property and any and all claims in any manner arising from or associated with my child's participation whether the liability, loss or damage is caused in whole or in part by their failure to use reasonable care in their activities associated with Center 360. I understand that in case of emergency, Center 360's staff and all other coaches have my total permission to use their best judgment in matters of treatment and to have my child treated accordingly.

This consent shall be valid until one year to date from signature and date below.

Signature of Parent/Guardian:	Date:
Signature of Youth:	Date:



SCHOOL WAIVERS

There are two waivers below:

1. Allows for staff and volunteers who are involved with Center 360 to connect with your child's school to create a consistent and connected support system.
2. Allows for staff and volunteers who are involved with Center 360 to pick your child up from his/her school, if necessary, for participation in a Center 360 activity. Please fill out and sign each waiver for which you would like to provide Center 360 additional permissions to interact with your child and their school community.

1. SCHOOL CONNECTIONS

In consideration of my child, _____'s, participation in Center 360, I allow Center 360 staff and coaches to communicate with school personnel about relevant information regarding my child's work at school and his/her mental and physical health and well being. Center 360 staff and coaches will request copies of quarterly progress reports, report cards, and conduct weekly school and class visits of my child. I hereby agree on behalf of myself, my heirs, legates, executors, administrators, and personal representatives, to release and hold harmless all staff and coaches, Center 360, the _____ school and school personnel, and any and all other persons and organizations assisting Center 360, from liability for any communication with school personnel about my child.

This consent shall be valid until one year to date from signature and date below.

Signature of Parent/Guardian:

Date:

Printed name of Parent/Guardian:

2. SCHOOL PICK-UP

To enable my child, _____'s, participation in Center 360, I allow Center 360 staff and/or coaches to pick up my child from school. I hereby agree on behalf of myself, my heirs, legates, executors, administrators, and personal representatives, to release and hold harmless all staff and coaches, Center 360, the _____ school and school personnel, and any and all other persons and organizations assisting Center 360, from liability for transportation of my child.

This consent shall be valid until one year to date from signature and date below.

Signature of Parent/Guardian:

Date:

Printed name of Parent/Guardian:



YOUTH MEDICAL/PERSONAL CARE INFORMATION

Current Weight in Pounds:	Current Height:
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ALLERGIES:

Is your child affected by any allergies (common allergies are to insect bites, latex and food)? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If YES, please answer the following questions*
Please list the allergies:
Can your child have a reaction just from being near the allergen (airborne or inhaled), or does s/he have to come in contact with the allergen?
Please describe what happens to your child if exposed to each allergen:
Is your child aware or able to feel the allergic reaction coming on? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child take any prescription or over-the counter medications for a reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No - What medications are administered?

IMMUNIZATIONS & MEDICATIONS

What year was your child's last immunization for Tetanus?		
Does your child currently have any health concerns or medical conditions that could be restrictive to activities at Center 360? Please check from list below or fill in the blank if not listed:		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Lungs <input type="checkbox"/> Ears, Nose, Throat <input type="checkbox"/> Glasses/contacts lenses	<input type="checkbox"/> Seizures <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Digestion	<input type="checkbox"/> Braces <input type="checkbox"/> Bed wetting/Incontinence <input type="checkbox"/> Lyme disease <input type="checkbox"/> Fainting <input type="checkbox"/> Other: _____
If you checked any of the above, please explain:		
Does your child regularly take any prescription or over-the counter medications that would potentially need to be administered at a Center 360 activity or a Center 360 day/overnight trip? <input type="checkbox"/> Yes* <input type="checkbox"/> No		
*If YES, please answer the following questions:		
What is the name of the medication your child takes?		
What is the dosage and frequency (time of day, how often) for administration?		
How is the medication stored?		
Can your child take the medication on his/her own (without supervision)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your child able to swallow a pill to take over-the-counter medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*****REMINDER: A copy of the prescription OR the original prescription bottle MUST be included*****



YOUTH MEDICAL/PERSONAL CARE INFORMATION (continued)

During Center 360 activities, it may be important for staff or coaches to administer basic first aid or basic care that may include over-the-counter medications. Please indicate which medications from our standard first aid kits that may be administered to your child. Unless directed otherwise, medication would be administered as directed by package labeling.

Tylenol/Acetaminophen for pain, headache, fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advil / Ibuprofen for pain, headache, fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Caladryl/Calamine lotion for itching	<input type="checkbox"/> Yes <input type="checkbox"/> No
1% Hydrocortisone cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benadryl/Diphenhydramine for severe itchiness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tums/Antacid for heartburn	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pepto Bismol for upset stomach or diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neosporin or other antibiotic ointment or cream	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sun Screen SPF 30	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Physician:	
Physician Phone Number:	
Physician Address:	
Health Care Coverage:	
Policy / ID #:	

AUTHORIZATION TO OBTAIN EMERGENCY MEDICAL CARE:

In case of sudden illness/accident/emergency, I hereby give permission to the staff of Center 360 to seek emergency treatment on behalf of the above named client should the need arise. It is understood that a qualified medical professional, physician, and/or hospital emergency room personnel will provide this treatment. In addition, a copy of current medications and known medical conditions and allergies may be released. Efforts will be made to contact a person named below prior to treatment, should this be possible.

The above consent has been read by me or to me and explained to me by an employee of The Relatives. I agree with the above consents as evidenced by the signature below.

This consent shall be valid until one year to date from signature and date below.

Signature of Parent/Guardian:	Date:
Printed name of Parent/Guardian:	



Informed Consent and Acknowledgement

I, the legal guardian, hereby give my approval for my child, _____, participation in any and all activities prepared by Center 360 during the athletic leadership and L.O.T.U.S. workshops. In exchange for the acceptance of said child's candidacy by Center 360, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Center 360 and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected program sessions.

In case of injury to said child, I hereby waive all claims against Center 360, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessor of premises used to conduct the event. There is a risk of being injured that is inherent in all activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

_____ (Initials)

Photograph /Video consent and Authorization

I hereby authorize Center 360 to MAKE and USE the following of my child's, _____:

(check all boxes authorized by this consent)

Photograph of my image

Audio-Visual recordings

Center 360 will use these images and/or recordings for the purpose of identification as well as promotional and public awareness. I understand that I have the right to change or revoke this consent at any time. I hereby assign and grant Center 360 the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child during all Center 360 activities for promotional purposes and hereby release Center 360 from any and all liability from such use and publication.

_____ (Initials)

- OR -

I decline authorization of audio-visual recordings and/or photographic imaging of

_____ (Initials)

By signing below, I agree that I have read and understand the informed Consent and Acknowledgement, Medical Release and Authorization, and Authorizations:

Signature of Parent/Legal Guardian

Date

Please email the completed registration packet to info@center360.org

Center 360 functions with a core value of inclusion and strives to be supportive of all participants regardless of their race, color, sex, sexual orientation, gender identity, religion, disability, ancestry, or national or ethnic origin.