



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:			Neighborhood:	
(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:		

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.



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/Instagram	<input type="checkbox"/> Community Event
<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 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: