



Youth N.O.W.
Middle School
Summer Registration 2018
(Please complete one form per student)

Student Name: _____ Grade: _____

Date of Birth: _____ School: _____

Guardian Name: _____ Phone: _____

Address: _____

Weeks Attending:

Please check which weeks your child will be attending!

*Spaces limited, first come first serve basis.

Hours are from 9:30 a.m.-5:30 p.m.	Attending	Not Attending
<input type="checkbox"/> Week 1: June 25-June 29		
<input type="checkbox"/> Week 2: July 2-July 6 (Youth N.O.W. will be closed July 4 th in observance of Independence Day)		
<input type="checkbox"/> Week 3: July 9-July 13		
<input type="checkbox"/> Week 4: July 16- July 20		
<input type="checkbox"/> Week 5: July 23- July 27		

Payment:

Summer Program fee is \$150 for all five weeks or \$30 per week. All payments must be **PAID** before summer program begins, deadline to make payments is **June 4th**. Payment plans available. Student will not be able to start program until payment(s) have been received, they will be placed on a wait list. For more information please contact our Administrative Office at 831.768.7998 or visit us at 31 Carr St. **NO REFUNDS** if student/parent decides to no longer participate in our summer program.

Payment Options:

- Mail in Check:
 - (Include Student Name)
 - Youth N.O.W.
 - 124 East Lake, Ave Watsonville CA 95076
- In office:
 - o Cash Payment
 - o Credit Card (Processing Fee of \$5 will be added on top of the \$150, one-time payment or two of \$77.50)
 - o Check

Parent/Guardian Signature: _____ Date: _____

Second Harvest Food Bank Annual Demographic Survey

In order for Youth N.O.W. to provide free meals to participating program youth we must provide the following information to Second Harvest Food Bank. Thank you in advance for your support in this process.

1. How many people live in your home? _____
2. How many household members are women/girls? _____
3. How many household members are men/boys? _____
4. How many children in your household are between the ages of:
 - a. 0-5 Years _____
 - b. 6-12 Years _____
 - c. 13-18 Years _____
5. What is the ethnicity of the people in your household? _____
6. How many in your household speak Spanish only? _____
7. What is your estimated annual household income? _____
8. Does anyone in your household work in agriculture? Yes No

Donation Request: Youth N.O.W. Student Center is a 501(c)(3) non-profit. We are funded by private donations and grants. Would you be willing to donate today? Below is a link to our donation page, if you would like to make an offline donation stop by our office to speak to one of our staff.

<http://youthnowcenter.org/give/>

Youth N.O.W. Release Waiver for Participating Youth (Minors)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all Youth N.O.W. programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

Parent/ Guardian Initials _____

In consideration of said minor being permitted to enter Youth N.O.W. for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Release Youth N.O.W., its directors, officers, employees, and volunteers (collectively "Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releases or otherwise and while such minor is in or near Youth N.O.W.

Parent/ Guardian Initials _____

2. I agree not to sue Releases for any loss, damage, injury or death described above and I will indemnify and hold harmless Releases and each of them from any loss, liability, damage or

cost they may incur due to said minor's presence in, upon or near Youth N.O.W.; whether caused by the negligence of Releases or otherwise.

Parent/ Guardian Initials _____

3. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releases or otherwise.

Parent/ Guardian Initials _____

4. I do hereby authorize Youth N.O.W. as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

Parent/ Guardian Initials _____

5. Youth N.O.W. is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

Parent/ Guardian Initials _____

6. I have received information and agree to the standards set forth by the Student Handbook Policies.

Parent/ Guardian Initials _____

7. Academy Attendance Policy: Classes fill quickly on a first come first serve basis. Students must attend all registered classes. No refunds are offered for missed classes.

Parent/ Guardian Initials _____

Permissions

Media Release

Signing this part is optional and not a condition of participating in our center. I also grant Youth N.O.W. permission to use photographs or videos of my child/ward for publications to promote volunteerism without financial remuneration. Check "NO" if you do not wish for your child to appear in such publications.

Parent/ Guardian Initials _____

Walking Permission

Is your child allowed to walk from our center without adult supervision?

Parent/ Guardian Initials _____

Local Fieldtrip Permission

My child has my permission to participate in local Youth N.O.W. walking fieldtrips.

Parent/ Guardian Initials _____

Student Health & Emergency Contact Information

Your child will be suspended from attendance if information is not current.

Health Insurance Provider _____

Health Insurance Policy Number _____

Family Doctor Name _____

Family Doctor Phone Number _____

Please list any allergies that the student may have below:

Please provide a description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions or consideration while in the program:

Child Release Authorization and Emergency Contacts

The following persons, other than parents, to pick up child from the facility or to be called in case of emergency:

Name/Phone Number _____

Name/Phone Number _____

Name/Phone Number _____