



Youth N.O.W. High 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 student will be attending\*  
Program is Monday-Thursday, 1-6 p.m., **except** on some fieldtrips, parent/guardian will be notified prior to fieldtrip!

- Week 1: June 25-June 28
- Week 2: July 2-July 5  
(Youth N.O.W. will be closed July 4<sup>th</sup> in observance of Independence Day)
- Week 3: July 9-July 12
- Week 4: July 16- July 19
- Week 5: July 23- July 26

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 that will redirect you to our donation page, if you would like to make an offline donation instructions are given on the page or you can 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.

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.

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.

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.

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.

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.

Guardian Initials \_\_\_\_\_

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

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.

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.

Guardian Initials \_\_\_\_\_

#### **Walking Permission**

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

Guardian Initials \_\_\_\_\_

#### **Local Fieldtrip Permission**

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

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

\_\_\_\_\_