



Staff Use ONLY

Year: _____

Center: _____

Summer Fun Registration Form

(Grades 6 – 12)

In order to participate in the Summer Fun program, all youth must be registered with a signed Medical/Liability Waiver on file.

CHILD 1 <input type="checkbox"/> Medical/Liability Waiver Completed	
First Name: _____	Last Name: _____
Birth Date: ____ / ____ / ____ Age: ____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Grade Completed: _____	School: _____

CHILD 2 <input type="checkbox"/> Medical/Liability Waiver Completed	
First Name: _____	Last Name: _____
Birth Date: ____ / ____ / ____ Age: ____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Grade Completed: _____	School: _____

CHILD 3 <input type="checkbox"/> Medical/Liability Waiver Completed	
First Name: _____	Last Name: _____
Birth Date: ____ / ____ / ____ Age: ____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Grade Completed: _____	School: _____

CHILD 4 <input type="checkbox"/> Medical/Liability Waiver Completed	
First Name: _____	Last Name: _____
Birth Date: ____ / ____ / ____ Age: ____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Grade Completed: _____	School: _____

CHILD 5 <input type="checkbox"/> Medical/Liability Waiver Completed	
First Name: _____	Last Name: _____
Birth Date: ____ / ____ / ____ Age: ____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Grade Completed: _____	School: _____

(over)

PARENT CONTACT INFORMATION

PRIMARY Parent/Guardian

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: (_____) _____ Work: (_____) _____ Cell: (_____) _____
Email: _____

SECONDARY Parent/Guardian

First Name: _____ Last Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: (_____) _____ Work: (_____) _____ Cell: (_____) _____
Email: _____

PLEASE READ AND SIGN

Data Privacy Act Warning. In accordance with the MN Government Data Privacy Act, Youth First Community of Promise informs you that the personal information we are requesting of you and/or your child or guardian on this registration form is now considered private. Private data is available to you and to staff who need to have this information to perform their duties, but not to the public. While you may choose to withhold this data, the consequences could be that the staff may not be able to complete your registration, hence you would not be able to participate in the program, and/or you may not receive updated program information, such as schedule changes.

Video/Photography for Public Information Purposes. This program may be videotaped and photographed for local access television and printed media and materials. Images of the video and/or photographs may also be used for promotional purposes. By enrolling in this program, you authorize Youth First to use these images for promotion at its functions and activities. You will not be paid for the use of images.

Transportation Waiver. We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, Youth First Community of Promise and/or the Northwest Anoka County Community Consortium, its partners and participating collaboratives, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity/event which requires pre-arranged transportation necessary to participate. We understand that our child will be assigned to ride with a licensed adult driver, driving a privately-owned automobile or bus. I understand that if personally-owned vehicles are used as transportation to and from Youth First events or activities that the owner of the vehicle is responsible for any liability that might occur during the transportation. Youth First does not provide coverage for any property damage, personal injury or liability that may occur while using personal vehicles. Vehicle owners are required to carry automobile liability insurance as required by the State of Minnesota.

Parent/ Guardian SIGNATURE

Date

Parent/Guardian PRINTED Name