



YOUTH PARTICIPANT REGISTRATION FORM 2017

Date of Registration

Child's Name _____ Date of Birth _____

Gender: _____ Male _____ Female Race/Ethnicity _____

Residential Address _____ City _____ State _____ Zip _____

Primary Language _____ Is the participant of Hispanic, Latino or Spanish Origin? Yes No

Race (circle one): Black/African American White/Caucasian Asian American Indian/Pacific Islander

Home Phone _____ Cell Phone _____ Email _____

School Name _____ Grade in School (2017-2018) _____

Building Blocks Youth Program Parent/Guardian Contract

I understand that it is my responsibility to stay informed about the program schedule and activities. I also understand that the program may occasionally be cancelled due to unforeseen circumstances and that my child may choose to leave the program at any time.

I give permission for my child to go on field trips. I understand that transportation for field trips may include walking, school bus, city bus, program vans, or personal staff vehicles. I release Building Blocks, individuals, and partnering agencies from liability in case of accident during activities related to Building Blocks.

I understand that by participating in this program, my child may be a part of program activities at which photos may be taken. By signing this form, I agree to allow Building Blocks to share these photos and/or videos with staff, the community, partner organizations and funders.

I give permission to Building Blocks to release demographic information about my child to community partners to gain evaluative program information.

Parent/Guardian Signature _____ Date _____

Building Blocks Youth Program Emergency Contact

Child's Name

Parent/Guardian Name

Second Parent/Guardian Name

Home/Cell Phone

Work Phone

Home/Cell Phone

Work Phone

Alternative Emergency Contact – if parents cannot be reached.

Home/Cell Phone

Work Phone

Address, City, State, Zip Code

Medical Information

Allergies

Special Health Considerations

Hospital/Clinic Preference

Doctor's Name

Phone Number

Insurance Company

Policy Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date

Youth Participant Contract

I understand that participating in the programs at Building Blocks at Commons at Penn is a privilege and that there will be high expectations of me during program. I agree to follow the program rules and to be on my best behavior at all times while in the program space and while with program leaders anywhere else. I agree to be respectful to the program leaders and to the other children in the program. I understand that while I am at program, the program leaders are responsible for me, and that I am responsible for my own behavior.

Youth Participant Signature

Date