

PROJECT YOUTH SUMMER REGISTRATION FORM – 2011

*We need a copy of each child's health AND immunization records before they can start the summer program

*The cost of summer program this year will be \$55.00 plus any fees for trips your child plans to attend.

Please send payment with registration form.

Student Information

Name: _____ Birthday (MM/DD/YY): _____
 Sex: Male/Female Age: _____ Grade as of 09/10: _____
 Do you qualify for free or reduced lunches at school? Yes No
 Are any members of your family in the military? Yes No
 What school does your child attend? _____
 Does your child have special needs? __IEP __504 __No

Parent/Guardian Information

Parent/Guardian#1: _____
 Address: _____
 Home Phone #: _____ Work Phone #: _____
 Cell Phone #: _____ Alternate Emergency #: _____
 Parent/Guardian#2: _____
 Address (if different from above): _____
 Home Phone #: _____ Work Phone #: _____
 Cell Phone #: _____ Alternate Emergency #: _____
 With whom does the child live? _____

Summer Program Registration

Mark below the weeks your child will be attending the program
and circle each trip they will attend as well.

Priority	Date(s)	Trips *See additional fees on trip description page	
1st Week		Squam Lakes	South Pond
2nd Week		Montshire Museum	Berlin Bowling
3rd Week		Whales Tale	AMC
4th Week		Copper Cannon	Mini Golf/DQ
5th Week		Mt. Washington	AMC
6th Week		Tram	

Authorizations- Please Circle One

I give my permission for Project Youth to take photographs of my child during program times. Yes/No

I give my permission for Project Youth to publish my child's name and photograph in the newspapers and other publications. Yes/No

I certify that my child is able to swim. Yes/No

I give my permission to Project Youth and the Family Resource Center to transport my child during program times and do not hold the staff liable for any injury. Yes/No

I give permission for my child to use and apply sunscreen and insect repellent. Yes/No

Confidential Medical Record for Participation in the Project Youth Summer Program

Name: _____ Age: _____ Date of Birth: _____
 Height: _____ Weight: _____ Gender: _____
 Allergies: _____ Reactions: _____ Medications: _____
 Allergies: _____ Reactions: _____ Medications: _____
 Allergies: _____ Reactions: _____ Medications: _____
 Allergies to Medications: _____ Reactions: _____
 Allergies to Medications: _____ Reactions: _____
 Allergies to Medications: _____ Reactions: _____

Other Medications:	Condition:	Dosage (size & freq.):	Side Effects:

Family Physician: _____ Phone: _____
 Mother/Guardian's Name: _____ Father/Guardian's Name: _____
 Mother/Guardian's Phone: _____ Father/Guardian's Phone: _____

The foregoing information is a complete and accurate statement of health factors that may affect my child's participation in the summer programs with the Family Resource Center's Youth Program. I realize the failure to disclose accurate information would result in serious harm to my child.

I understand that it is impossible to guarantee absolute safety. My child and I understand that he/she must share the responsibility for safety in participating in activities or trips offered by the Family Resource Center. I understand that my child will be expected to comply with all instructions and directions of the Project Youth Staff and all other chaperones with the Family Resource Center during any trips.

Some of the program activities offered in the Youth Program are considered high risk. I understand my child will only participate when staff feels they are ready by being responsible and learning the proper way. I do realize there is a considerable opportunity for accidents to occur and I release the programs and staff from liability if my child is injured.

Consent is hereby given for my child to participate in the summer program and permission is given for any emergency anesthetics, surgery, hospitalization or other treatment, which might become necessary.

Project Youth staff are allowed to provide basic First Aid treatment. I understand the Family Resource Center Youth Program is in no way held responsible or liable should an accident occur.

Signature (Parent/Guardian): _____ Date: _____
 Signature (Parent/Guardian): _____ Date: _____