

# YOUTH SERVICES REGISTRATION FORM

## STUDENT'S INFORMATION

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_ Sex: M F  
Birth date: \_\_\_\_\_ Age: \_\_\_\_ Child's Current Grade: \_\_\_\_ School: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Apt. # \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Language Spoken at Home: \_\_\_\_\_  
Race / Ethnicity [please check all that apply and circle the child's primary race / ethnicity]  
 African American     American Indian / Alaska Native     Asian / Pacific Islander     Caucasian  
 Latino    Other: \_\_\_\_\_  
Child qualifies for free or reduced lunch at school     Yes     No

## PARENT OR GUARDIANS INFORMATION

Parent or Guardian's Name  
First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Apt. # \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Work: \_\_\_\_\_

### 2nd Parent or Guardian's Name

First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Work: \_\_\_\_\_

## EMERGENCY CONTACT (other than parent or guardian listed above)

Emergency Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Apt. # \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Work: \_\_\_\_\_

## MEDICAL & PICK UP INFO

Preferred Health care Facility & Doctor \_\_\_\_\_  
Telephone \_\_\_\_\_  
Medication Student is Currently Taking: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Other Information : \_\_\_\_\_

Please list person(s) authorized to pick up your child / teen: \_\_\_\_\_

## PLEASE COMPLETE OTHER SIDE

### STAFF USE ONLY

Staff's Name \_\_\_\_\_ Date \_\_\_\_\_  
Receipt # \_\_\_\_\_ Cash/Check \_\_\_\_\_ Program \_\_\_\_\_



# YOUTH SERVICES MEMBERSHIP REGISTRATION FORM PERMISSION STATEMENT

I give my permission for \_\_\_\_\_ (Student's Name) to attend the Seattle's Union Gospel Mission (UGM) Youth Services Programs. I give my permission to the UGM Youth Services to take the above named student on field trips, service projects, and outings and understand that he / she will participate in a variety of classes, including but not limited to: sports (basketball, soccer, football, baseball, tumbling, volleyball, aerobics, and swimming), crafts, bible study, movies, cooking, computers, dance, and drama.

I understand that he / she may participate in outings including, but not limited to: skating, theater, bowling, museums, shopping at malls, nature studies and that he / she may travel by car, van, or bus. The UGM Youth Services is not responsible for any personal items that are lost or stolen. I will instruct my student to leave valuables at home.

I give my permission for the above named student to be treated by a medical professional as deemed necessary by the UGM Youth Services staff, and for them to secure for my student's medical, dental, surgical, x-rays and anesthesia help as deemed necessary.

I also understand that if there is a discipline problem with my student, I will be responsible to come get him / her. I also accept financial responsibility for any damages done by the above student.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT AND RELEASE

I, the undersigned, agree to appear in print, online, and/or video to be produced by SEATTLE'S UNION GOSPEL MISSION, or any agency or individual approved by SEATTLE'S UNION GOSPEL MISSION, for the purpose of describing or promoting my experience with, and the activities of, SEATTLE'S UNION GOSPEL MISSION.

I give SEATTLE'S UNION GOSPEL MISSION and its approved agencies and individuals my unrestricted permission to reproduce, distribute, and publish all [interviews], [photographs], [video and audio recordings] and/or [audio only recordings] taken of me, as well as any [artwork of all media] or [written materials] produced by me while associated with SEATTLE'S UNION GOSPEL MISSION. I understand that I will receive no compensation for the use of these interviews, photographs, video recordings, audio recordings, personal artwork, written material, and/or online material.

Likewise, I hereby WAIVE, RELEASE, AND DISCHARGE SEATTLE'S UNION GOSPEL MISSION from all claims and causes of action arising out of any action I have authorized herein.

Student's Name / Age \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent / Guardian \_\_\_\_\_

