



Windsor Youth Services Bureau Program Registration 2019-20

Youth's Name (Last, First)	Grade in Fall 2018: _____ *Initial here if child has permission to walk home : _____
Youth's Date of Birth: _____ _____ Male _____ Female	If foster child: Agency & Name of Case Worker: Phone: Email:
1. Parent/Guardian Name:	2. Parent/Guardian Name:
1. Address	2. Address
1. Parent/Guardian Contact *Please circle best number to reach during program hours	2. Parent/Guardian Contact *Please circle best number to reach during program hours
Home: _____ Work: _____ Cell: _____ E-mail: _____	Home: _____ Work: _____ Cell: _____ E-mail: _____

Emergency Contact Person *(person other than parent/guardian)*

Name: _____ Relationship: _____

Phone: _____ Address: _____

People Authorized to Pick Up Child from Program *(other than parent and emergency)*

1. Last Name	First Name	Relationship	Phone # ()
2. Last Name	First Name	Relationship	Phone # ()
3. Last Name	First Name	Relationship	Phone # ()

Important Medical Information—continued to page 2

Chronic or Serious Illness:

Allergies:

Current Medications:

Has your child ever been stung by a bee? *(if yes, please explain if they had a reaction):*

Is your child allergic to bees: Yes or No

Prior Injuries:

Does your child know how to swim? Yes or No

Notes: * anything else the YSB Coordinator needs to know about your child?

Important Medical Information Continued

Participant's Physician Name:	Phone Number: ()
Participant's Dentist Name:	Phone Number: ()
Health Insurance Company & Number *or Medicaid/ Number:	<input type="checkbox"/> <i>I grant permission for first aid to be administered to registered participant (above named child) and, if necessary, transport him/her to a hospital or emergency clinic for treatment.</i>

Demographics
This information is only collected for annual State Department of Education YSB Grand Funding Requirements.

<p align="center">Race:</p> <input type="checkbox"/> American India/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<p align="center">Ethnicity:</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<p align="center">Family Constellation:</p> <input type="checkbox"/> Two birth/adoptive parents <input type="checkbox"/> Step and birth parent <input type="checkbox"/> Single parent (female) <input type="checkbox"/> Single parent (male) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> DCF Guardianship <input type="checkbox"/> Foster Parents <input type="checkbox"/> On own
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Photography/Videotaping

Please check here if you do **NOT** want your child's name or photo published.

Transportation

Please check here if you do **NOT** want your child to be transported via school bus (parents would be responsible for transportation at their own expense).

Surveys & Evaluations

Please check here if your child does **NOT** have permission to fill out anonymous surveys.

Liability Release

In consideration of being allowed to participate in the Town of Windsor Recreation and Leisure Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Attach photo of child here:

Summer Youth in Action

Please select the weeks for Summer Youth in Action you wish to register for

Week 1 July 1 – July 5 (no program July 4 th)	
Week 2 July 8 – July 12	
Week 3 July 15 – July 19	
Week 4 July 22 – July 26	
Week 5 July 29 – August 2	
Week 6 August 5 – August 9	

Youth's Name: _____

Parent/Guardian Signature: _____

Today's Date: _____