



YOUTH PARTICIPANT REGISTRATION

Application Date: ___/___/___

Basic Information: Child

Male Female

First Name: _____ Last Name: _____

Birth date: ___/___/___ Current Grade: _____ School attending: _____

Address: _____ City: _____ Zip Code: _____

Home Phone # : (____) _____ - _____ : Cell phone # : (____) _____ - _____

Email Address: _____

Ethnic Background: African-American Asian Latina/o Native American
Caucasian Pacific Islander Other _____

Do you or your family receive any Government Assistance? No Yes

If yes, what type? Free Lunch Program WIC TANF AFDC SSI DI GA

Are you currently in foster and/or group home care? No Yes

Are you fluent in any language other than English? No Yes

If yes, which language _____ Speak Read Write

(For those 14 years and older only) Are you employed?

Yes No Full-time Part-time Temporary

How did you hear about E.O.Y.D.C.?

Friend/Family Member Radio/Public Service Announcement Building Marquee

Newsletter Referral Newspaper Television Flyer Meeting

Other _____

Are there any special considerations of which our staff should be aware to better serve you, such as? Medical Condition Language Learning Disabilities Foster Care Probation

Other (If so, please explain : _____)



Basic Information: Parent/Guardian

1. Parent/Guardian:

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone # : (____) _____ - _____ : Cell phone # : (____) _____ - _____

Email Address: _____

Relationship: _____

2. Parent/Guardian:

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone # : (____) _____ - _____ : Cell phone # : (____) _____ - _____

Email Address: _____

Relationship: _____

NOTE: EOYDC may elect to send updates to you and/or your child via email and/or text message. Please provide a written request in the event that you do not wish to receive these updates.

Emergency Contact Information

1. Emergency Contact:

Contact person: _____

Phone #: (____) _____ - _____

Relationship: _____

2. Emergency Contact:

Contact person: _____

Phone #: (____) _____ - _____

Relationship: _____

Please make sure to keep us updated with current home address, home/cell phone, and Emergency contact information.



WAIVER RELEASE

I the undersigned hereby authorize (CHILD'S NAME) _____ my child or ward, to participate in activities offered by the East Oakland Youth Development Center. I do hereby, for myself and for my heirs and assigns, and on behalf of my child or ward and for his/her heirs and assigns, release and agree to indemnify and hold harmless the East Oakland Youth Development Center and its officers, agents and employees from any and all liability, loss claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation.

Parent/Guardian Signature

Date

MEDICAL RELEASE

As the parent or legal guardian of (CHILD'S NAME) _____, I hereby give my consent to East Oakland Youth Development Center, its officers, agents and employees to provide for all emergency dental or medical care as prescribed by and duly licensed physician or dentist for my child. I hereby authorize said duly licensed physician or dentist to perform and prescribe all standard and necessary to preserve the life, limb or wellbeing of my dependent. I understand that my dependent is NOT covered by any East Oakland Youth Development Center insurance and that I and/or my medical insurance company or HMO/PPO will be held financially responsible for any treatment rendered. I will not hold the East Oakland Youth Development Center and its officers, agents and employees responsible for any injury or claims.

Parent/Guardian Signature

Date



MEDIA CONSENT & RELEASE

As the parent or legal guardian of (CHILD'S NAME) _____,
I hereby grant EOYDC and others working for or on behalf of EOYDC the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise use my child's name, signature, photograph, likeness, voice, testimonial, and biographical information in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of promoting and publicizing EOYDC and its services in perpetuity. I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, illusionary effect, or use in any composite form of my child's name, signature, photograph, likeness, voice, testimonial, and biographical information.

I have the full and exclusive right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part. This agreement contains the entire understanding between EOYDC and me with respect to the subject matter hereof and may not be altered or waived except by a writing signed by both parties.

Parent/Guardian Signature

Date

ACADEMIC RECORDS RELEASE

As the parent or legal guardian of (CHILD'S NAME) _____,
I hereby grant the East Oakland Youth Development Center, its officers, agents and employees permission to obtain my child's academic updates and records from any consenting source, including but not limited to the instructional/administrative staff members of my child's current and/or former school of attendance. I understand that any academic information obtained by EOYDC may be referenced for the purposes of providing my child with academic support, in addition to program assessment and reporting.

Parent/Guardian Signature

Date



YOUTH PARTICIPANT PARENTAL CONSENT

I, (PARENT/GUARDIAN'S NAME) _____, hereby give consent for my child, (CHILD'S NAME) _____ to participate in program activities at the East Oakland Youth Development Center (EOYDC). In consideration of EOYDC's acceptance of my child's participation in EOYDC program activities, I agree to the following:

1. My child will follow all of the rules at EOYDC, which include:
 - **All** participants and/or visitors agree to respect **All EOYDC Staff**
 - **All** participants and/or visitors must sign in at the front desk before attending scheduled programs and/or visiting anyone in the center
 - **All** participants **must be actively participating in a program**
 - **All** participants are expected to consistently demonstrate EOYDC's six pillars of character: trustworthiness, respect, responsibility, citizenship, fairness, and caring
 - **No** loitering or excessive noise around the Administration area
 - **No** sitting, playing and/or hanging on the stairwell
 - **No** running in the center outside of the gym
 - **No** fighting and/or "play" fighting
 - **No** name calling and/or bullying **or** use of inappropriate language
 - **No** gum chewing or sunflower seeds
 - **No** food and/or drink in any program areas outside of the kitchen or cafeteria
 - **No** gambling, drinking (alcohol) and/or smoking
2. I, along with my child, will assume any and all responsibility for his/her actions which result in any damage and/or disruption of the EOYDC facility and/or equipment, including making restitution if required.
3. I agree to pick up my child by 6:00pm daily, unless they are enrolled and actively participating in a class, workshop, and/or special event scheduled to end after 6:00pm, in which case I will pick my child up according to the scheduled pickup time for the specified event.
4. If my child violates any of the rules and/or regulations of EOYDC, I understand that he/she may be suspended and/or expelled and that I may be required to attend a conference before my child is allowed to participate in further activities at EOYDC.

Youth Participant (please print)

Parent/Guardian (please print)

Parent/Guardian Signature

Date