

# YAC ENROLLMENT FORM

## Youth CONTACT INFO

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth date

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

**What group would you like to join?**

Get Up Get Down

GirlsEyeView Amherst

GirlsEyeView Ware

Video Vanguards

I want to come to YAC because ...

\_\_\_\_\_  
Signature of youth

\_\_\_\_\_  
Date

## Parent/Guardian CONTACT INFO

	Name	Home Phone	Work Phone	Cell Phone	Email
Parent/ Guardian 1					
Parent/ Guardian 2					

Youth lives with (please circle): Parent/Guardian 1    Parent/ Guardian 2    Both    Other:

Are you a foster parent to this child?    Yes    No

Additional emergency contact: \_\_\_\_\_

Name

Relationship

Phone

I give my permission for my child to attend Youth Action Coalition.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

# EMERGENCY CONSENT

Name of Youth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of YAC program to attend: \_\_\_\_\_

If you cannot be reached, and in order for YAC to protect your youth in the event of a medical emergency, please complete and sign the following information. This form will accompany your child to the hospital so that medical treatment can be provided.

I hereby authorize Youth Action Coalition staff to give consent for any emergency medical treatment deemed necessary for my child during group hours:  Yes  No

\_\_\_\_\_  
Signature of parent or guardian

## Health History and Contacts

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\_\_\_\_\_  
Youth's doctor

\_\_\_\_\_  
Doctor's phone

\_\_\_\_\_  
Date of last tetanus shot

\_\_\_\_\_  
Health insurance co.

\_\_\_\_\_  
Group#

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Chronic illnesses or allergies

\_\_\_\_\_  
Current medications

Does your child have an IEP or any learning/behavioral challenges? (If so, please describe.)

Does your child have a counselor/ therapist/ case manager we could contact if a crisis should occur?:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

What should we know about your child's strengths?

What else would you like us to know about your child?

If necessary, I give permission for staff at YAC and my child's counselor/therapist/ case manager to confidentially exchange information about him or her (i.e. change in school grades) with the intent and understanding that this can provide the most effective, coordinated services for my child. This will also help us gain feedback about the possible effects of our program.

\_\_\_\_\_  
Signature of parent or guardian

# PERMISSION FOR FIELD TRIPS, PHOTOGRAPHING AND MEDIA RELEASE

## Field Trip Consent

Yes  No

I give permission for my child to accompany the group, with the supervision of YAC staff, off the program site for field trips using a van, car, public transportation, or by walking.

## Permission to Photograph my Child

Yes  No

I give permission to have my child photographed during YAC programs for purposes such as bulletin boards, newsletters, brochures, promotional materials, grant applications or use on the YAC website.

## Art/Media Release

Yes  No

I give permission for YAC to use and release my child's artwork, photography, video and written work in the following formats: YAC newsletters, brochures and promotional materials, grant applications, fundraisers, community screenings, exhibitions and events; film festivals and other distribution venues; YAC website, YouTube and other online forums.

ANONYMITY: I DO I DO NOT (please circle one) want my child's name to be included in ...

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Signature of parent or guardian

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## TRANSPORTATION CONSENT

We appreciate every effort parents/guardians can make to transport their youth to and from the program, but understand that transportation can often be a stumbling block for participation. If you are in need of assistance with transportation, please let your Program Coordinator know. S/he can help arrange carpooling with other parents or when possible, help with pick up and/or drop off.

- I will pick my child up from the program site each week.
- I give permission for my child to leave the YAC program without adult supervision.
- I give permission for my child to leave the YAC program with... (Please list names and phone numbers of the people that are allowed to pick up your child other than yourself):

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Name	Relationship	Phone
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Name	Relationship	Phone
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- I would like to discuss other transportation options. Please contact me.

In consideration for travel to and from the YAC program, I understand that Youth Action Coalition, as a non-profit organization, is providing travel as a community service, solely for the purpose of helping participants attend the program, and not for profit. I will not hold Youth Action Coalition liable for any injury that may occur as a result of any acts outside of intentional wrongs.

*I consent to allow my child to be driven by the YAC staff/interns and this consent shall be wholly at my risk after permission is given.*

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Signature of parent or guardian

# INFORMATION ON YOUR CHILD AND YOUR HOUSEHOLD

Dear Parents and Guardians:

YAC is able to provide programming for your child at no cost because of our intensive fundraising efforts. Individuals, foundations, corporations and government programs donate funding to support our programs. Some funders require us to collect information on our participants to see who our programs serve.

Please note that the following questions are used for reporting purposes only and do not affect your eligibility to participate in any of our groups.

Please check the boxes that you most closely identify your child with or use your own language in the spaces provided.

## ETHNICITY/RACE

- African American/Black
- Asian
- Caucasian/White
- Latina/o
- Middle Eastern
- Native American
- Mixed race (please specify) \_\_\_\_\_
- Other \_\_\_\_\_

## COUNTRY OF ORIGIN/LANGUAGE

Youth born in the US?  YES  NO, country of origin: \_\_\_\_\_  
Parents/guardians born in the US?  YES  NO, country of origin: \_\_\_\_\_  
What language is most commonly spoken at home? \_\_\_\_\_

## GENDER

Female  Male  Other: \_\_\_\_\_

## CLASS BACKGROUND

- Working Class/Poor
- Middle Class
- Upper Middle Class
- Wealthy
- Other: \_\_\_\_\_

Does the youth qualify for free/reduced lunch?      YES    NO  
Do you live in public housing?                              YES    NO  
Do you receive public assistance?                        YES    NO

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## Volunteer for YAC!

YAC has many opportunities for parent/community involvement, including assisting with events, mentoring youth, putting together mailings. If you would like to help or share your own talent, please contact our Americorps Member, Hannah Fjeld, at 253.2158 or hannah@youthactioncoalition.org

I'm interested! Please contact me.

THANK YOU FOR COMPLETING THESE FORMS!

Please use the back of this page to write about any concerns or questions regarding your youth's participation with YAC.