

## Youth Program Registration

\*Please fill out all information\*

**Participant's Full Name:**

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M ☐ F ☐ Current grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Do you receive Free or reduced Lunch Yes \_\_\_ No \_\_\_ What County do you live in? \_\_\_\_\_

Ethnicity: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino  
☐ Native Hawaiian other Pacific Islander ☐ Two or more Races ☐ White ☐ Prefer not to give

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M ☐ F ☐ Current grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

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☐ Native Hawaiian other Pacific Islander ☐ Two or more Races ☐ White ☐ Prefer not to give

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**Adult/Guardian (Required if participant is younger than 18 years old)**

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender ☐ M ☐ F Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Contact # \_\_\_\_\_ Relation: \_\_\_\_\_

**(Basketball Only) Practice days and times preferred?** \_\_\_\_\_

**Medical Issues?** (Allergies, Dietary restrictions, Special Needs)

\_\_\_\_\_  
 \_\_\_\_\_

### \*\*Staff Section\*\*

Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Receipt: \_\_\_\_\_

# Youth Program Registration

\*Please fill out all information\*

## VOLUNTEERING

☐ Check this box if you would like to learn more about our volunteer opportunities

I understand and I am aware that by participating in physical activities the potential for accidents does exist. In consideration from being allowed to participate in this Youthset program I agree to assume the risk of such exercise and further agree to defend and hold harmless Youth Set LLC, its staff and volunteers conducting Youthset programs from any and all claims, suites, losses or related causes of action for damage (including but not limited to) such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the Youthset program. I also understand that Youthset LLC may use, for publicity and/or promotional purpose, my (or my child's) name in pictures participating in the program without obligations or liability to me or my family. I acknowledge that I am responsible for my child(ren) during the hours of Teen Zone. If my child(ren) is asked to leave for any reason or Teen Zone is cancelled, I will have arrangements in place for my child(ren) to go to a safe home if I am not available.

**Photography Release:** Youthset will be photographing & videotaping programs and activities. By initialing below you are giving permission to Teen Zone for the following:

- to use and reuse, in any manner, said photograph(s) & video, in whole or in part, modified or altered, in any medium or form of distribution, and for whatever purposes whatsoever, including all promotional and advertising uses; and to copyright said photographs in Teen Zone's name.

\_\_\_\_\_ (please initial) I represent that the subject(s) of the photograph(s) is a minor and that I am the parent or duly authorized representative of the subject(s) and have read the foregoing and fully and completely understand the contents.

**Please Note:** Students are asked to stow their cell phones/electronics away during Teen Zone hours. Teen Zone is not responsible for any lost or stolen items and children bring these items at their own risk.

**By signing this agreement, I acknowledge and agree to following listed above and below:**

I have read, understand and agree with the Parent's Teen Zone Agreement. I have discussed the importance of this commitment with my child(ren). I understand that Youthset LLC, its programs, directors, employees and volunteers are not responsible or liable for any damages, including personal injury and property loss arising from any activity described in this form.

**Participant/ Guardian Signature:** \_\_\_\_\_

**Participant/Guardian Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **\*\*Staff Section\*\***

**Amount Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_ **Receipt:** \_\_\_\_\_