Chemehuevi Community Center

Youth Contact Form (required for all youth)

Child Name: \_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname preferred: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st: Parent/Guardian: \_\_\_\_\_\_\_\_ Phone #:

2nd: Emergency Contact: Relation: Phone #:

3rd: Additional Contact: Relation: Phone #:

(These contacts will be used in the event of an emergency or in the event that your child has been asked to leave the Community Center for any reason.)  
  
Any medical conditions, allergies, medications, or information:

Weight Room Parent Consent

**YOUTH MUST BE ACCOMPANIED BY AN ADULT TO USE WEIGHT ROOM UNLESS YOU ARE AT LEAST 16 YEARS OLD AND HAVE A SIGNED CONSENT FORM FROM LEGAL GUARDIAN ON FILE. By signing below, you give permission for participation and do not hold the Chemehuevi Tribe, Chemehuevi Community Center and Chemehuevi Community Center staff liable for any injury or incident for your child to participate in the Weight Room.**

Approved Adult(s):

Initial here if you give the Community Center consent to take and release photos of your child for Community Center field trips, events, fundraisers, activities, etc.

Please sign with your child that you received, read, and understand the Community Center Rules and Regulations, Community Center Game Room Rules, and Weight Room Rules and return this form to the center.

**\*Community Center is not responsible for children when they leave the building unless the center is on a field trip, or the center is doing an activity elsewhere. If you would prefer your child to stay in the building or activity area, please let staff know.**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_