



Chemehuevi Community Center Youth Contact Form **(required for all youth)**

Name: _____ D.O.B: _____

Nickname preferred: _____

Physical Address: _____

Mailing Address: _____

Parent/Guardian: _____ Phone #: _____

Emergency Contact: _____ Relation: _____ Phone #: _____

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.

Parent Signature: _____ Date: _____

Youth Signature: _____ Date: _____