New Vision Youth & Community Services

Program Registration Form

PROGRAM NAME:	**REGISTRATION DATE:**
PROGRAM DATES:	**PROGRAM LOCATION:**

Please complete all sections in full using blue or black ink. All information is kept strictly confidential and used solely for program administration and participant safety.

SECTION 1: PARTICIPANT INFORMATION

FIRST NAME	**MIDDLE INITIAL**	**LAST NAME**
DATE OF BIRTH (MM/DD/YYYY)	**AGE**	**GENDER**
SCHOOL NAME	**GRADE**	**T-SHIRT SIZE**
HOME ADDRESS (Street, Apt #)	**CITY**	
STATE	**ZIP CODE**	**HOME PHONE**
CELL PHONE	**EMAIL ADDRESS**	

Ethnicity (Optional — for grant reporting purposes only)

☐ African American ☐ Hispanic / Latino ☐ Caucasian ☐ Asian / Pacific Islander

☐ Native American ☐ Multiracial ☐ Other: ☐ Prefer Not to Say

Is this participant a returning member? ☐ Yes ☐ No

SECTION 2: PARENT / GUARDIAN INFORMATION

Parent / Guardian 1

FIRST & LAST NAME	**RELATIONSHIP TO PARTICIPANT**
HOME PHONE	**CELL PHONE**
WORK PHONE	**EMAIL ADDRESS**
HOME ADDRESS (if different from participant)	
EMPLOYER / OCCUPATION	**BEST TIME TO REACH**

Parent / Guardian 2

FIRST & LAST NAME	**RELATIONSHIP TO PARTICIPANT**
HOME PHONE	**CELL PHONE**
WORK PHONE	**EMAIL ADDRESS**
HOME ADDRESS (if different from participant)	
EMPLOYER / OCCUPATION	**BEST TIME TO REACH**

SECTION 3: EMERGENCY CONTACTS

⚠ *Emergency contacts must be different from the parent/guardian(s) listed above. Please list two contacts.*

Emergency Contact 1

FULL NAME	**RELATIONSHIP TO PARTICIPANT**
CELL PHONE	**HOME PHONE**
WORK PHONE	**EMAIL ADDRESS**

Emergency Contact 2

FULL NAME	**RELATIONSHIP TO PARTICIPANT**
CELL PHONE	**HOME PHONE**
WORK PHONE	**EMAIL ADDRESS**

SECTION 4: MEDICAL & HEALTH INFORMATION

PRIMARY CARE PHYSICIAN NAME	**PHYSICIAN PHONE NUMBER**
NEAREST HOSPITAL / EMERGENCY ROOM	
HEALTH INSURANCE PROVIDER	**POLICY / MEMBER NUMBER**

Does the participant have any known allergies? ☐Yes ☐ No ***If yes, please describe:***
Food allergies or dietary restrictions:
Does the participant have any medical conditions, disabilities, or special needs staff should be aware of? ☐ Yes ☐ No *If yes, please describe:*
Current medications — list name, dosage, and frequency:

Does the participant have any known allergies? ☐Yes ☐ No ***If yes, please describe:***
Is the participant up-to-date on vaccinations? ☐ Yes ☐ No ☐ Unknown
MEDICATION AUTHORIZATION: Is staff authorized to administer over-the-counter medication (e.g., Tylenol, Benadryl) if needed? ☐ Yes ☐ No *If yes, list any restrictions or contraindications:*

SECTION 5: PERMISSIONS & RELEASES

Please read each item carefully and indicate your authorization by checking the appropriate box. Please initial each line.

Permission / Release Item	Authorization	Parent/Guardian Initial
1. Permission to Participate: I give permission for my child to participate in all scheduled program activities organized by New Vision Youth & Community Services.	☐Grant ☐Deny	
2. Field Trip Authorization: I authorize my child to attend off-site field trips and outings organized by New Vision Youth & Community Services. I understand that advance notice will be provided when possible.	☐Grant ☐Deny	
3. Swimming / Water Activities: I authorize my child to participate in swimming or water activities. *Swim ability:* ☐ Non-Swimmer ☐ Beginner ☐ Intermediate ☐ Advanced	☐Grant ☐ Deny	
4. Physical Activity Waiver: I understand that program activities may include physical exercise, sports, and recreation. I release New Vision Youth & Community Services from liability for minor injuries sustained during normal program activity.	☐ Grant ☐ Deny	
5. First Aid Authorization: I authorize staff to administer basic first aid to my child as needed during program hours.	☐Grant ☐Deny	
6. Release of Liability: I release New Vision Youth & Community Services, its board members, staff, volunteers, and agents from liability for accidents, injuries, or illness occurring during program participation, except in cases of gross negligence or willful misconduct.	☐Grant ☐ Deny	

LIABILITY WAIVER — STANDARD LANGUAGE: *As the parent or legal guardian of the above-named participant, I understand that participation in New Vision Youth & Community Services programs involves physical, recreational, and social activities that may carry inherent risk. I voluntarily enroll my child with full knowledge of these risks. I agree to indemnify, defend, and hold harmless New Vision Youth & Community Services, its directors, officers, employees, volunteers, contractors, and affiliates from any and all claims, damages, losses, or expenses (including reasonable attorney's fees) arising out of or related to my child's participation in any program activity, except where such claims result from the gross negligence or intentional misconduct of New Vision Youth & Community Services or its representatives. This release is binding upon my heirs, successors, and assigns.*

SECTION 6: MEDIA CONSENT & RELEASE

New Vision Youth & Community Services may wish to use photographs, video footage, or quotes from program participants for use in promotional materials, social media, newsletters, annual reports, and grant applications. Your consent is entirely voluntary and will not affect your child's enrollment or participation in any way. Please indicate your preference below:

☐**YES** — I consent to the use of my child's photograph and/or video footage for New Vision Youth & Community Services promotional purposes.

☐**YES** — I consent to the use of my child's first name alongside photographs or video in program materials.

☐ **NO** — I do **NOT** consent to photographs or video of my child being used in any New Vision Youth & Community Services materials.

First name to appear in media materials (if different from legal name above):

SECTION 7: TRANSPORTATION AUTHORIZATION

Is program transportation provided for this program? ☐ Yes ☐ No	**My child has permission to ride program-provided transportation. ☐Yes ☐ No**

Authorized Persons for Pick-Up (In addition to parent/guardian listed above — Photo ID required)

#	Full Name	Relationship	Phone Number
1			
2			
3			

Photo ID will be required at pick-up for all individuals. No child will be released to any person not listed on this form or in the participant's file without prior written authorization from the parent/guardian.

SELF-RELEASE AUTHORIZATION (for participants age 13 and older only) I authorize my child to leave the program independently at dismissal time. ☐ Yes ☐ No *If yes, please specify dismissal instructions (e.g., walk home, bus route):*

SECTION 8: HOUSEHOLD & FAMILY INFORMATION

(Optional grant purposes)

HOUSEHOLD SIZE (# of people):	**ANNUAL HOUSEHOLD INCOME RANGE: ☐ Under $15,000 ☐ $15,000–$30,000 ☐ $30,000–$50,000 ☐ $50,000–$75,000 ☐ Over $75,000 ☐ Prefer Not to Say**
HOW DID YOU HEAR ABOUT US? ☐ Flyer ☐Social Media ☐ Friend / Family ☐ School ☐ Church ☐ Community Event ☐ Other:	

SECTION 9: STAFF USE ONLY

⚠ FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SECTION

APPLICATION RECEIVED (DATE)

REVIEWED BY

ENROLLMENT STATUS:

☐Enrolled

☐Waitlisted

☐Incomplete — Awaiting Documents

☐Denied

SCHOLARSHIP / FEE WAIVER APPLIED:

☐Yes

☐No

PROGRAM FEE PAID:

☐Yes

☐No

Amount: $_____

DOCUMENTS ON FILE:

☐Birth Certificate

☐Immunization Record

☐Photo ID

☐Insurance Card

☐Signed Registration Form

STAFF NOTES:

SECTION 10: SIGNATURES & ACKNOWLEDGMENT

By signing below, I confirm that:

- All information provided in this form is accurate and complete to the best of my knowledge.
- I have read, understood, and agree to all terms, permissions, and releases stated in this registration form.
- I understand that New Vision Youth & Community Services reserves the right to dismiss any participant whose behavior is deemed unsafe, disruptive, or contrary to program guidelines.
- I agree to notify New Vision Youth & Community Services promptly of any changes to the information provided in this form, including changes in health status, emergency contacts, or custody arrangements.
- I understand that registration is not confirmed until all required documents are received and enrollment status is confirmed in writing by program staff.

Signature 1 — Parent / Guardian (Required)

PARENT / GUARDIAN SIGNATURE	DATE	RELATIONSHIP TO PARTICIPANT
PRINTED NAME		

Signature 2 — Second Parent / Guardian (if applicable)

PARENT / GUARDIAN SIGNATURE	DATE
PRINTED NAME	

Signature 3 — Participant Signature (Required for participants age 13 and older)

By signing below, I, the participant, agree to follow all program rules, treat others with respect, and conduct myself in a manner that reflects positively on myself and my community.

PARTICIPANT SIGNATURE	DATE
PARTICIPANT PRINTED NAME	

Signature 4 — Staff Witness

STAFF SIGNATURE	PRINTED NAME	DATE
STAFF TITLE / POSITION		

This form is valid for the current program year only. A new form must be completed each program year.

Questions? Contact New Vision Youth & Community Services program staff for assistance.
