



SUCAP Youth Services 2017-2018 Program Registration Form

Student Name: _____ Age: _____ DOB: _____

School Name: _____ Gender (M/F): _____ Grade level in fall 2017: _____

Primary Race (necessary for granting purposes) White Black Native Asian Multiracial **Ethnicity:** Hispanic Y / N

Tribal Affiliation (if applicable) _____

Best Phone Number to Reach Participant: _____

- This Contact is: Home Phone Student Cell Parent Cell

Home Address (primary residence): _____

Email Address: _____

Preferred Method of Communication (circle all that apply): Texts Email Phone

****You may also look for us on Facebook, SUCAP Youth Services, a primary way we promote upcoming events, or look at our calendar @ <http://www.sucap.org/youthservices/> ****

Parent/Guardian Name(s): _____

Parent Phone: _____ Work Phone: _____

Parent Email Address: _____

Emergency Contact: _____ Relation: _____ Phone: _____

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REGISTRATION INFORMATION

SUCAP Youth Services has a limited number of spaces available for every “off campus” event. Participants will be accepted on a **first come first serve** basis in the order in which their paperwork is received. A waiting list will be created for those youth interested in registering after the maximum quota is filled.

Individual event permission forms are required for all programs occurring off of school grounds.

Photography

Video and photographs will be taken during events; and will be shared on public forums and used for promotional purposes.

Policies and procedures

For all events occurring on school grounds the program will adhere to all district school-day and afterschool policies. Events occurring off of school grounds will adhere to SUCAP Youth Services policies and procedures. SUCAP Youth Services Policies and Procedures are available at the SUCAP administration building.

Release of information:

I (the undersigned) give my permission for the school/educational institution named above to release grades, transcripts, test scores, pertinent behavioral information, medical information, and any other relevant information to SUCAP Youth Services. **I understand that the information will be held strictly confidential.**

By signing this registration packet I give the student named above permission to attend SUCAP Youth Services events. I agree that all information provided above and below is correct and complete. Signing below states that I have reviewed, understood, and accepted all information provided in this registration packet. **Furthermore, I agree to not hold the Southern Ute Community Action Program liable for any injuries or theft of personal belongings that occur during SUCAP events.**

Parent/Guardian Signature (or participant if 18 years old): _____