



YOUTH PARTICIPANT REGISTRATION

Male ☐ Female ☐

First Name: _____ Last Name: _____ Date: ____/____/____

Address: _____ City: _____ Zip Code: _____

Home Phone # : (____) _____ - _____ : Cell phone # : (____) _____ - _____

Parent Email: _____ Youth Email: _____

Grade: _____ Birth date: ____/____/____ School attending: _____

1. Emergency:

Contact person: _____

Phone #: (____) _____ - _____

Relationship: _____

2. Emergency:

Contact person: _____

Phone #: (____) _____ - _____

Relationship: _____

Ethnic Background: African-American ☐ Asian ☐ Latin American ☐ Native American ☐
Caucasian ☐ Pacific Islander ☐ Other _____

Do you or your family receive any Government Assistance? No ☐ Yes ☐

If yes, what type? Free Lunch Program ☐ WIC ☐ TANF ☐ AFDC ☐ SSI ☐ DI ☐ GA ☐

Are you fluent in any language other than English? No ☐ Yes ☐

If yes, language _____ Speak ☐ Read ☐ Write ☐

(For those 16 years and older only) Are you employed?

Yes ☐ No ☐ Full-time ☐ Part-time ☐ Temporary ☐

How did you hear about E.O.Y.D.C.?

Friend/Family Member ☐ Radio/Public Service Announcement ☐ Building Marquee ☐

Newsletter ☐ Referral ☐ Newspaper ☐ Television ☐ Flyer ☐ Meeting ☐

Other _____

Are there any special considerations of which our staff should be aware to better serve you, such as? Medical Condition ☐ Language ☐ Learning Disabilities ☐ Other ☐

(If so, please explain : _____)

Please select any program you want to join:

Art

- ☐ Cooking
- ☐ Steel Pans
- ☐ Drawing & Painting
- ☐ West African Dance
- ☐ Ceramics
- ☐ Teen Painting

Project J.O.Y

- ☐ Homework Center
- ☐ Youth Computer Training
- ☐ Something to Talk About
- ☐ S.T.R.E.T.C.H.

Physical Development

- ☐ Karate
- ☐ Track & Field
- ☐ Youth Basketball League
- ☐ Pee Wee Basketball

☐ Photography

YOUTH PARTICIPANT PARENTAL RELEASE

WAIVER RELEASE

I the undersigned hereby authorize (NAME) _____ my child or ward, to participate in said activity given by the East Oakland Youth Development Center. I do hereby, for myself and for my heirs and assigns, and on behalf of my child or ward and for his/her heirs and assigns, release and agree to indemnify and hold harmless the East Oakland Youth Development Center and its officers, agents and employees from any and all liability, loss claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation.

Parent/Guardian Signature

Date

MEDICAL RELEASE

As the parent or legal guardian of (NAME) _____, I hereby give my consent to East Oakland Youth Development Center, its officers, agents and employees to provide for all emergency dental or medical care as prescribed by and duly licensed physician or dentist for my child. I hereby authorize said duly licensed physician or dentist to perform and prescribe all standard and necessary to preserve the life, limb or well being of my dependent. I understand that my dependent is NOT covered by any East Oakland Youth Development Center insurance and that I and/or my medical insurance company or HMO/PPO will be held financially responsible for any treatment rendered. I will not hold the East Oakland Youth Development Center and its officers, agents and employees responsible for any injury or claims.

Parent/Guardian Signature

Date

YOUTH PARTICIPANT PARENTAL CONSENT

I, _____, hereby give consent for my child, _____ to participate in program activities at the East Oakland Youth Development Center (EOYDC). In consideration of EOYDC's acceptance of my child's participation in EOYDC program activities, I agree to the following:

1. My child will follow all of the rules at EOYDC, which are:

- **RESPECT ALL EOYDC STAFF**

- **All** participants and/or visitors must sign in at the front desk before attending scheduled programs and/or visiting anyone in the center
- If you are in the center **you must be in a program**
- **No** loitering around the Administration area
- **No** excessive noise around the Administration area
- **No** sitting, playing and/or hanging on the stairwell
- **No** running in the center
- **No** fighting and/or "play" fighting
- **No** gum chewing, or sunflower seeds
- **No** food and/or drink in any program areas
- **No** gambling, drinking (alcohol) and/or smoking

1. I, along with my child, will assume any and all responsibility for his/her actions which result in any damage and/or disruption of the EOYDC facility and/or equipment, including making restitution if required
2. If my child violates any of the rules and/or regulations of EOYDC, I understand that he/she may be suspended and that I may be required to attend a conference before my child is allowed to participate in further activities at EOYDC.
3. I intend to be legally bound for myself, my heirs, children, executors and administrators. I waive and release any and all rights and claims for injuries and/or damages which I and they do now, or may in the future have against EOYDC and/or its officers, employees, directors and agents.

(Please make sure to keep us updated with Home address, Home phone, and Emergency contact information.)

Youth Participant (please print)

Parent/Guardian (please print)

Parent/Guardian Signature

Date