



Suffield Youth Services

145 Bridge St. Suffield, CT 06078 – (860)882-2022

Program Registration Form

This registration form gives your child access to Suffield Youth Center in the 2019-2020 school year.

The staff responsible for this program: Nikki Lengyel Staff email: nlengyel@suffieldct.gov

Participant Information

Participant's Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____ Zip: _____

School: _____ (for summer programs enter upcoming school/grade) Grade: _____

Parent/Legal Guardian Name(s): (1) _____ (2) _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

If there are any behavioral or medical concerns that would be beneficial for our staff to know about, please describe here or please call staff responsible for program to inform. _____

- Please check here if you do NOT want your child's name or photo published:
- Please check here if your child does not have permission to fill out anonymous surveys

DEMOGRAPHICS (please check one in each category)

We receive funds from the Department of Children and Families and are required to provide the demographics below.

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi Racial
- White
- Other

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Housing:

- Not Homeless
- Homeless Shelter
- Doubled Up/Shared Housing
- Unsheltered
- Hotel/Motel
- Unaccompanied Youth

Family Setting (Please choose one):

- Two Birth Parents or Adoptive Parents
- Step and Birth Parent
- Birth Parent and Partner
- Single Parent (Female)
- Single Parent (Male)
- Grandparent(s)
- Relative/Guardian
- DCF Guardianship
- Foster Parent(s)
- Joint Custody
- On Own
- Homeless
- Other

- School
- Police
- Self
- Juvenile Superior Court
- Social Services Agency
- Juvenile Review Board

Referral Source:

- Parent/Guardian

- I elect not to participate in the Demographic Survey

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

To: Town of Suffield and Town of Suffield Youth Services, their officers, directors, trustees, affiliates, managers, employees, volunteer staff, agents and their successors and assigns (collectively and individually referred to as the "TOWN").

The undersigned, on behalf of their child (individually and collectively referred to as the "Releasor") acknowledges that Releasor will participate in numerous activities that may involve risk of injury to person or property and that he or she assumes full responsibility for all such risk. Other than as set forth below, the undersigned certifies that the Releasor is in good health with no condition, illness or abnormality which might subject him or her to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, the TOWN is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate.

Furthermore, the Releasor hereby specifically agrees to forever release, waive, indemnify, save and hold harmless, discharge and covenant not to sue the TOWN with respect to any or all liability to the Releasor, his or her representatives or assigns, for any loss or damage, and any claims or demand therefore, on account of injury to person or property, including death, whether caused by the negligence of the TOWN or otherwise, while Releasor is in, on or about any premises of the TOWN or using any of the TOWN's facilities or equipment or participating in any program affiliated with the TOWN, without regard to location. This release not only constitutes a release with respect to any injury to the person or property as characterized above, but also constitutes a release on the TOWN's liability for injuries resulting from the TOWN's future negligence and constitutes a waiver of the Releasor's legal rights.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the undersigned agrees that the balance shall, nevertheless, continue in full force and effect. The undersigned further understands that this waiver is applicable to all activities in which the undersigned elects to participate. **The undersigned understands that video and/or photographs of participants may be taken and used for promotional purposes.**

The undersigned understands that the TOWN has the right to dismiss any person whose actions or attitude are deemed detrimental to the TOWN and/or other participants, without receiving any refund of any fees paid.

Emergency Contact: Name: _____
(other than parent) Phone: _____

Medical Concerns/Food Allergies: _____

If emergency contact or medical concerns change, the undersigned accepts responsibility for notifying the TOWN in writing of the change.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

Signature of Parent/Guardian Printed Name of Parent/Guardian Relationship date