



Youth Registration Form - 2021

Please read carefully and fill out completely, including parent/guardian signature

The **Southside Community Center, Inc.** offers free year-round programming to all youth ages 7 to 18 from 2:00pm to 6:00pm with free snack and free dinner at 5:00pm Monday – Friday.

Part 1: Youth & Family Information

<u>Youth's Information</u>		
_____ Last Name	_____ First Name	_____ D.O.B. & Age
_____ Home Address	_____ City, State, Zip Code	_____ School & Grade
Racial/Ethnic Background (Check all that apply):		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic/Latino(a)
<input type="checkbox"/> Biracial	<input type="checkbox"/> Other	<input type="checkbox"/> Asian
<input type="checkbox"/> Decline		
_____ Preferred Pronouns	_____ Preferred Name/Nickname	

<u>Youth's Information</u>		
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<input type="checkbox"/> Decline		
_____ Preferred Pronouns	_____ Preferred Name/Nickname	

Continue →



Parent/Guardian & Emergency Contact Information

Parent/Guardian/Emergency Contact #1

Parent/Guardian/Emergency Contact #2

Relation to Youth

Relation to Youth

() -

Home/Cell Phone #1

() -

Home/Cell Phone #1

() -

Home/Cell Phone #2

() -

Home/Cell Phone #2

Email @ .

Email @ .

Part 2: Emergency/First Aid/Medical Consent

Medical Information

Chronic Health Conditions

Medications

Allergies

Symptoms of Allergic Reaction

First Aid & Medical Care Consent

I authorize the Southside Community Center, Inc. Program staff who are trained in First Aid/CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to contact Emergency Medical Services to transport my child to the nearest medical care facility for medical treatment.

Parent/Guardian Initials: _____

Media Release

I () do () do not give permission to the Southside Community Center, Inc. Programs to use photographic, audio and video reproductions of my child for publicity and marketing purposes via print media, visual/marketing media, social/virtual media. I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Parent/Guardian Initials: _____

Parent/Guardian Signature

Date