

PATAGONIA YOUTH ENRICHMENT CENTER

YOUTH REGISTRATION FORM

Providing a safe, healthy, and positive environment for youth

Thank you for registering with the Patagonia Youth Enrichment Center (PYEC). The information provided on this form will help us maintain a safe environment and contact the appropriate individuals in the event of an emergency.

Please complete all applicable sections. All information will be kept confidential and used for PYEC program and safety purposes.

YOUTH INFORMATION

Youth's Full Name: _____

Preferred Name: _____

Birthday: _____ **Age:** _____

Grade in School: _____

School: _____

Mailing Address

Street/PO Box: _____

City: _____ **State:** _____ **ZIP:** _____

Physical Address

(If different from mailing address)

Street: _____

City: _____ **State:** _____ **ZIP:** _____

Youth Cell Phone: _____

Youth Email Address: _____

ALLERGIES & SPECIAL CONSIDERATIONS

Please list **all known food, medication, environmental, or other allergies**.

Food Allergies:

Environmental Allergies:

Other Allergies or Reactions:

Known triggers or symptoms/reactions we should be aware of:

Does the youth carry an EpiPen or other emergency medication?

☐ No ☐ Yes

If yes, please explain:

EMERGENCY CONTACT INFORMATION

Please provide **two emergency contacts** who may be contacted if a parent/guardian cannot be reached.

Emergency Contact #1

Name: _____

Phone Number: _____

Emergency Contact #2

Name: _____

Phone Number: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Relationship to Youth: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Name: _____

Relationship to Youth: _____

Phone Number: _____

Email Address: _____

MEDICAL INFORMATION

Please provide information that may be important for the safety and well-being of your youth while participating in PYEC activities.

Primary Physician/Medical Provider: _____

Medical Conditions or Health Concerns

Please list any medical conditions, physical limitations, or other health concerns that PYEC staff should be aware of:

Medications

Does the youth currently take any medications that PYEC staff should be aware of?

☐ No ☐ Yes

If yes, please list the medication(s), purpose, and any instructions:

Additional Information

Please provide any additional information that may help PYEC staff respond appropriately to a medical or emergency situation:

MEDICAL EMERGENCY AUTHORIZATION & RELEASE

I understand that participation in activities at the Patagonia Youth Enrichment Center may involve recreational, educational, physical, and community activities.

In the event of a medical emergency involving my youth, I authorize Patagonia Youth Enrichment Center staff or designated volunteers to take reasonable steps to obtain appropriate

emergency medical care when I or the emergency contacts listed on this form cannot be reached promptly.

I understand that PYEC staff will make reasonable efforts to contact me or my designated emergency contacts as soon as possible. If emergency medical attention is necessary, I authorize emergency medical personnel to evaluate and provide appropriate treatment to my youth.

I understand that PYEC staff are not medical professionals and that this authorization does not replace the responsibility of a parent or guardian to provide accurate and current medical information.

I understand that I am responsible for providing PYEC with updated information regarding my youth's medical conditions, allergies, medications, emergency contacts, and other information that may affect their safety.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

PHOTO & SOCIAL MEDIA RELEASE

The Patagonia Youth Enrichment Center celebrates the accomplishments, activities, creativity, leadership, and positive experiences of the young people we serve.

With your permission, photographs or videos of youth participating in PYEC activities may be used **only by the Patagonia Youth Enrichment Center** for the following purposes:

- social media pages and posts, website, newsletters, flyers, brochures, and promotional materials, annual reports, presentations and displays, and other PYEC-only publications or communications

Permission

I give permission for the Patagonia Youth Enrichment Center to photograph and/or record my youth and use their image in PYEC social media and PYEC-only publications and promotional materials as described above.

☐ **YES, I give permission.**

☐ **NO, I do not give permission.**

I understand that photographs or videos will not knowingly be sold or provided for use in advertising or promotional materials by outside organizations without additional permission.

Youth Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

YOUTH ACKNOWLEDGMENT

I understand that the Patagonia Youth Enrichment Center is a community organization designed to provide a safe, healthy, respectful, and positive environment for young people.

I understand that I am expected to follow the **PYEC Code of Conduct**, respect others, care for Youth Center property, participate appropriately in activities, and help create a positive environment for everyone.

I understand that failure to follow the Code of Conduct may result in being asked to leave the Youth Center and may result in additional consequences depending on the situation.

Youth Name (Print): _____

Youth Signature: _____

Date: _____

PARENT/GUARDIAN ACKNOWLEDGMENT

I certify that the information provided on this registration form is accurate and complete to the best of my knowledge.

I understand the expectations outlined in the Patagonia Youth Enrichment Center Code of Conduct and agree to support my youth in following PYEC rules and expectations.

I understand that it is my responsibility to notify PYEC of any changes to contact information, medical information, allergies, medications, or emergency contacts.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

PYEC OFFICE USE ONLY

Date Registration Received: _____

Staff Member Receiving Form: _____

Registration Year: _____

Code of Conduct Received: ☐ Yes ☐ No

Photo Release Completed: ☐ Yes ☐ No

Medical Release Completed: ☐ Yes ☐ N