



## Youth Program Registration and Release of Liability

<b>PUC Center</b>	<input type="checkbox"/> Brian Coyle	<input type="checkbox"/> Oak Park	<input checked="" type="checkbox"/> Pillsbury House	<input type="checkbox"/> PH Theatre	<input type="checkbox"/> Waite House
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<b>Program</b>	<input type="checkbox"/> After School	<input type="checkbox"/> CREW	<input type="checkbox"/> FANS	<input type="checkbox"/> SES	<input type="checkbox"/> Summer	<input type="checkbox"/> School Release	<input type="checkbox"/> Other
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**Participant Information** Date of Intake: \_\_\_\_\_  Entered into Client Track database

Last Name	First Name	Date of Birth	Gender

Address	Zip Code	City	Home Phone	Parent's Work/Cell	Parent's Email

Monthly Income	# Living in Household	Race/ Ethnicity <small>(Check any that apply)</small>	<input type="checkbox"/> African	<input type="checkbox"/> American Indian	<input type="checkbox"/> African American	
<b>Primary Language</b>			<input type="checkbox"/> Asian/SE Asian/ Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Caucasian/White
			<input type="checkbox"/> Hispanic/Chicano/ Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

Disabilities	Needs Accommodation	Allergies/Health or Diet Concerns*
<input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*If your child needs prescription medication during program hours, a separate medication permission form must be completed.

Parent/Guardian Name	People Authorized to Pick up Child

Emergency Contacts	Name	Phone	Relationship

Education	Name of School Attending	School ID	Grade

I intend to pay \$ \_\_\_\_\_ total for this session (Fall, Spring, or Summer Arts Camp)

Paying deposit only today? \$ \_\_\_\_\_ If so, the remaining \$ \_\_\_\_\_ is due by end of session.

Circle the areas where you would like your child to improve:      Reading      Math      Behavior/social skills      Health/Well-being

My child has permission to walk home alone:      Yes      No

Does your child qualify for a free or reduced-price lunch program?      Yes      No

Does your child qualify for Limited English Proficiency Services at school?      Yes      No

Does your child qualify for special education services at school?      Yes      No      If yes, what kind: \_\_\_\_\_

Are you interested in learning how to provide a more balanced, nutritious diet for your family?      Yes      No

Are you interested in learning how to increase the physical activity of your family?      Yes      No

Are any other household members' currently receiving services from Pillsbury United Communities?      Yes      No

If yes, please state names of household in programs:

Registration is not complete until the permission form is read, signed, and payment is received; placement is contingent on available space in the selected program.

### CONSENT TO PARTICIPATE IN YOUTH PROGRAM

I grant permission for my child/ward:

- To participate in all activities of Youth Program
- To participate in program field trips under proper supervision
- To ride in agency and personal vehicles of authorized Pillsbury United Communities staff for program activities
- To be interviewed or photographed and to take part in promotional and public relations activities for Pillsbury United Communities and its partners
- For Pillsbury United Communities Youth staff to communicate with school staff about my child, and obtain information on my child's/ward's school records
- To participate in written surveys, focus groups and other data-gathering activities. I understand data associated with my child will be kept secure and confidential.

1. I have voluntarily enrolled my child (name above) to participate in one or more youth programs offered by Pillsbury United Communities (the "Program").

2. I agree to allow Pillsbury United Communities staff to use their reasonable judgment to act on my behalf in case any medical or other emergency (including, but not limited to, applying first aid, contacting or seeking treatment from a health care provider) requires such action while my child is participating in the Program.

3. I agree that any expenses that may be incurred under item 2 will be the sole responsibility of the child/ward's family.

**4. I understand and am aware that, during the Program, certain risks and dangers may arise, including but not limited to the hazards of travel by automobile, train, ship, aircraft, bus, or other means of conveyance; the forces of nature; the negligent or reckless acts or omissions or strict liability of Pillsbury United Communities, their agents, employees, officers, directors, associates, affiliated companies, or subcontractors; and accident or illness in places without immediate access to medical facilities, transportation, or means of rapid evacuation and assistance.**

**5. I am aware that my child's participation in the Program and/or the use of transportation, housing and dining services, and other goods and services in connection with my child's participation in the Program carries a risk of serious personal injury, serious illness, death, and property damage or loss. On behalf of my child, I expressly and voluntarily assume all risk of injury, illness, death, and property damage or loss that may result from my child's participation in the Program.**

6. As consideration for my child being permitted to participate in the Program, I hereby **RELEASE AND DISCHARGE** Pillsbury United Communities and their officers, directors, faculty, agents, employees, and legal representatives ("the Released Parties") from liability for injury, illness, death, and property damage or loss arising out of the arrangement for or provision of transportation, housing, dining, or other goods and services, or arising out of any other activity incident to my child's participation in the Program, including any losses **CAUSED BY THE NEGLIGENCE OR STRICT LIABILITY** of the Released Parties. I do not release Pillsbury United Communities from liability for willful, wanton, or intentional acts or punitive damages.

7. I also **AGREE NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES** for injury, illness, death, and property damage or loss sustained as a result of my child's participation in the Program and use of the goods and services described above. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action.

8. I further agree the my child is required to abide by all applicable rules, regulations and instructions of Pillsbury United Communities and their staff, representatives, or designees while my child is participating in the Program. I understand that noncompliance may result in my child's expulsion from the Program. I agree that if my child violates any applicable rule, regulation, instruction, or law at any time during the Program, my child may be sent home immediately at my own expense. I agree to reimburse Pillsbury United Communities for any and all costs associated with sending my child home. I agree to indemnify and hold harmless the Released Parties from all claims or losses resulting from my child's failure to abide by such rules, regulations or instructions. I further agree that Pillsbury United Communities and their staff, representatives, or designees may send my child home at any time during the Program if they determine in their reasonable judgment that my child's continued participation in the Program will adversely affect my child's health, safety, or welfare, or the health, safety, welfare, or enjoyment of other Program participants.

9. I understand that this Youth Program Registration and Release of Liability supersedes any representations, written or oral, otherwise made to me by the Released Parties.

10. Should any of the provisions of this Youth Program Registration and Release of Liability, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Youth Program Registration and Release of Liability will nonetheless remain in full force and effect. This Youth Program Registration and Release of Liability shall be construed under the laws of the State of Minnesota.

**I HAVE CAREFULLY READ THIS YOUTH PROGRAM REGISTRATION AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. IT IS MY INTENTION THAT THIS YOUTH PROGRAM REGISTRATION AND RELEASE OF LIABILITY OPERATE TO THE FULLEST EXTENT ALLOWED BY LAW. I SIGN THIS YOUTH PROGRAM REGISTRATION AND RELEASE OF LIABILITY OF MY OWN FREE WILL.**

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*