



2017-18 Youth Registration

OFFICE USE ONLY <input type="checkbox"/> YouthLEAD/Camp Sunrise <input type="checkbox"/> Young Women's Mentoring Program <input type="checkbox"/> Entered into Database Youth Start Date: _____ Staff Name: _____

Please Print

Youth's Name: _____
Last First Middle

Address: _____ **Youth's Phone:** _____

City: _____ **MN** _____ **School Attending 2017-18** _____
Zip

Date of Birth: _____ **Age:** _____ **Gender:** Male Female Transgender

Grade 2017-18: _____ **Youth's Email:** _____

Race / Ethnicity: African African American American Indian Asian / Asian American
Check all that apply
Chicano/Latino European American Multi Racial Other: _____

Additional Information: Qualifies for free or reduced priced lunch at school? <input type="checkbox"/> Yes or <input type="checkbox"/> No Is enrolled in ELL (English as a Learned Language) program at school? <input type="checkbox"/> Yes or <input type="checkbox"/> No Has an IEP (Individualized Education Plan) at school? <input type="checkbox"/> Yes or <input type="checkbox"/> No

Parent / Guardian Name: _____ **Relationship to youth:** _____

Home phone: _____ **Cellular phone:** _____ **Work phone:** _____

What is the best number to reach you at? Home Cellular Work

Alternate Emergency Contacts

1. Name: _____ Relationship to youth: _____

Home phone: _____ Cellular phone: _____ Work phone: _____

2. Name: _____ Relationship to youth: _____

Home phone: _____ Cellular phone: _____ Work phone: _____

Please describe any Allergies, Medical Concerns, or Behavior Issues: _____

See back for parent/guardian permissions

This initiative is funded in part with a grant from the Minnesota Department of Education using federal funding, DFDA 84.287c, 21st Century Community Learning Centers.

Permission: I give permission for my dependent _____ to participate in YouthCARE's 21st Century Community Learning Centers activities, including fieldtrips during the 2017-2018 program year.

- I authorize YouthCARE staff and their representatives to administer first aid and medical treatment in my absence, and contact medical professionals, if necessary.
- I authorize my dependent to be transported by bus, van or personal vehicle driven by YouthCARE staff and its representatives.
- I release YouthCARE of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from their participation in the program, including but not limited to transportation, and hold harmless any YouthCARE staff or its representatives.
- I understand personal information on this form and other information collected during program participation will be kept confidential and may be used in evaluating and researching YouthCARE's programs.
- I authorize YouthCARE staff and their representatives to contact youth directly via phone, text, e-mail or social media to recruit them for events & activities. **No** – I do not want my dependent to be recruited for programming directly.

Signature of Parent / Guardian

Date

Photo & Video Release: Youth participants may be photographed and/or videotaped by YouthCARE or other organizations approved by YouthCARE. This photo release gives YouthCARE and/or its approved partners permission to photograph and/or videotape your child and release said photos or videos for publication. If you do not agree to these terms please check the no box below.

NO - I do not wish to have photos or video footage of my child appear in publications.

Data Privacy Notice: Certain data will be collected from and about participants in the YouthCARE. Demographic information will be provided at the time of enrollment. Other student outcome data (including the Survey of Academic and Youth Outcomes and the Federal Teacher Survey) will be collected during the year. All data are considered private or confidential information and will not be available to the public. In accordance with the Minnesota Government Data Practices Act, we must notify you about the following:

1. The purpose and intended use of the requested information:
 - To identify participants in the program,
 - To evaluate program effectiveness; and
 - To improve program quality.
2. Legal obligations and consequences for not providing information:
 - You are not legally required to provide the requested information.
 - Refusal to provide requested information will *not* affect enrollment status. However, it will limit the extent to which the program can be appropriately evaluated.
3. Authorized persons or agencies with whom this information may be shared:
 - You, and persons who have your express written consent;
 - YouthCARE staff who reasonably require access to the information in the course of their work duties or responsibilities;
 - School district officials;
 - Minnesota Department of Education;
 - St. Paul Sprockets Network, and
 - Other person or entity authorized by federal or state law.

For further information about YouthCARE or this form, please visit our website at www.YouthCAREmn.org or contact a staff member at 612/338-1233.



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