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**Making A Difference For  
At-Risk Youth In Collier County**

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# YOUTH PROGRAM ENROLLMENT FORM

## **Youth**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male\_\_ Female\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Youth Home Phone \_\_\_\_\_

## **Parent/Guardian- Contact Information**

### **Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

### **Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Child lives with: \_\_\_\_\_

**Emergency Contact Information- Alternate Pickup/Release**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to Child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to Child \_\_\_\_\_

**Please list those people, in addition to parents/guardians, who are permitted to pick up your child**

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).**

Medical Problem	Required Treatment	Should Paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

**Is your youth presently being treated for an injury, sickness, or taking any form of medication for any reason?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Is your child allergic to any type of food or medication?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Does your child require a special diet?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the Trinity Life Foundation will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian

Parent's/Guardian's Initials \_\_\_\_\_

Please circle how you heard about the Trinity Life Foundation.

After School Program    Website    School    Word of Mouth    Flyer    Other \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give my permission for my child to be photographed during the workshop sessions. I understand the photos will be used to keep a journal of activities to share during power point presentation and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of the Trinity Life Foundation.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for the transportation of my child for official Youth Sessions activities by modes of transportation agreed to by the TLF organizers.

Parent's/Guardian's Initials \_\_\_\_\_

The Trinity Life Foundation and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Students' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family member cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

I understand, acknowledge and agree that Trinity Life Foundation, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the Trinity Life Foundation Board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times. In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_