



## Youth Program Registration

Student Name \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Health and Safety Emergency Form

While every precaution will be taken to insure the health and safety of our students, we cannot rule out the possibility of sickness or accident. To be prepared for any contingency that might arise, please complete the following information so that your child may receive medical help, should it be required.

\_\_\_\_\_  
 Mother's Name  
 \_\_\_\_\_  
 Home Address  
 \_\_\_\_\_  
 Home Phone Number  
 \_\_\_\_\_  
 Cell phone  
 \_\_\_\_\_  
 Email

\_\_\_\_\_  
 Father's Name  
 \_\_\_\_\_  
 Home Address  
 \_\_\_\_\_  
 Home Phone Number  
 \_\_\_\_\_  
 Cell phone  
 \_\_\_\_\_  
 Email

Emergency Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
 Doctors Name  
 \_\_\_\_\_  
 Address City Zip Code  
 \_\_\_\_\_

**Please List:**

Special medication (s) being taken: \_\_\_\_\_

Allergies / Special Needs \_\_\_\_\_

**Medical Authorization:** Should it be necessary for my child to have medical treatment while participating in El Centro de Accion Social Youth leadership Program, I hereby give El Centro de Accion Social personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by staff to render medical treatment deemed necessary and appropriate by the physician. I understand that El Centro has no insurance covering such medical or hospital cost; therefore, any cost incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
 Parent /Guardian Signature

\_\_\_\_\_  
 Date



**Parent Contract**

I \_\_\_\_\_, have enrolled my child \_\_\_\_\_, in El Centro De Accion Social's \_\_\_ Student Advocacy (Washington Students only), \_\_\_ Youth leadership Program (Muir Students Only) \_\_\_ Peace Ambassador Program that El Centro de Accion Social offers.

**In order to participate in the program, I understand that I must read and initial the following:**

\_\_\_ I am aware that the program begins September 2009 and ends June 2010 and that I am responsible for all transportation to and from the program.

\_\_\_ I understand that good attendance and my child's ongoing work will determine whether or not my child can continue in the program through out the year.

\_\_\_ Furthermore I give El Centro de Accion Social the permission to photograph and videotape my child for publicity purposes.

\_\_\_ I understand that El Centro de Accion Social has permission to access my child's grades and maintain a copy at their office located at 37 E. Del Mar Blvd. I am aware that these records will ONLY be used to evaluate the effectiveness of the program. No personal information will be revealed to any foreign party without my previous authorization.

\_\_\_ I understand that a part of the after School program involves activities and field trips. I am authorizing El Centro to take my child to local field trips within one square block of 37 E. Del Mar Blvd. only when my child is supervised by an adult.

\_\_\_ As a parent of a child in the program, I'm also committing to attend 3 workshops; Failure to attend these workshops may jeopardize my child's ability to remain in the program.

\_\_\_ I understand that the program consists of 1 hour of homework time and 1 hour of activity time.

\_\_\_ **Youth Leadership Academy**  
Muir High School  
1905 Lincoln Ave.  
Pasadena, CA 91103  
Tuesdays & Wednesday  
3:15-5:15

\_\_\_ **Student advocacy Project**  
Washington Middle School  
505 N. Marengo Avenue  
Pasadena, CA 91103  
Monday 12:45-2:45  
Thursday 2:50-4:00

\_\_\_ I understand that the program also focuses on cultural activities and promoting peace in our school and communities.

\_\_\_\_\_  
**Parent Signature**

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