

# Carlton Together Cares Inc. ~ Participant Registration ~ 2011 YCIS Volleyball ~

Participant's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nick Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Participant's Primary Language: \_\_\_\_\_

Ethnicity (OPTIONAL, circle on):  
African American      Asian American      Caucasian American  
Hispanic American      Native American      Other: \_\_\_\_\_

## EMERGENCY CONTACTS: (authorized to pick up your child from activity)

1. \_\_\_\_\_ Relation to participant: \_\_\_\_\_

HM Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relation to participant: \_\_\_\_\_

HM Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. \_\_\_\_\_ Relation to participant: \_\_\_\_\_

HM Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## PROGRAM RELEASE INFORMATION:

After the program/activity my child will:  walk home  be picked up by \_\_\_\_\_

For your child's safety, he/she will be released **only** to yourself, your spouse, or an authorized person. Early release from a program or activity, or release to a person not named on this form, must be made in writing.

## HEALTH INFORMATION: Please circle and describe any health conditions the participant may be subject to:

Asthma    Fainting    Diabetes    Heart Trouble    Behavioral Problems    Seizures    Other? \_\_\_\_\_

Is the participant taking any medications? (Please list): \_\_\_\_\_

Does the participant have any allergies? (Please list and describe typical reactions): \_\_\_\_\_

<b>FEES &amp; PAYMENT</b>	<input type="checkbox"/> \$ 75.00	Adult Size (circle one): XS S M L XL
	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash	<input type="checkbox"/> COPY OF SPORTS PHYSICAL <input type="checkbox"/> COPY OF INSURANCE CARD
	Total Amount Enclosed: \$ _____	

**Make check payable to: CTC** -. For more info please contact CTC at 503-852-4405 or Lisa Jacobs at 503-852-7668.

## CARLTON TOGETHER CARES ~ SAFETY & BEHAVIOR GUIDELINES

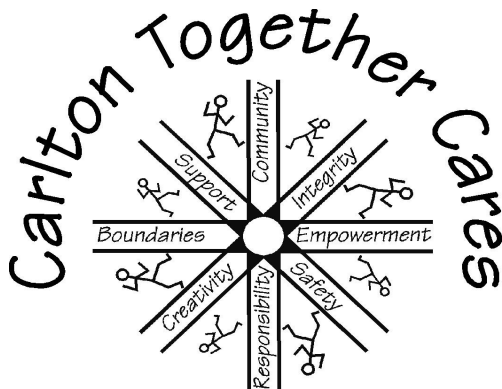
To ensure the safety and quality of all Carlton Together Cares, Inc. programs, participants must agree to comply with the safety/ behavior guidelines listed below. If a participant fails to abide by these guidelines, his/her inclusion in the program may be jeopardized. With the first offense a verbal warning will be given. With the second offense a "time out" will be given. If inappropriate behavior continues, the Program Supervisor will meet with the participant and a parent to discuss the behavior. If inappropriate behavior continues, the participant, accompanied by a parent or guardian, will be asked to appear before the CTC Review Committee to decide the appropriate consequences.

1. Participants will stay in the designated activity area and will NOT LEAVE this area without permission from the Program Supervisor.
2. Participants will show respect to the Program Supervisor, Aides, and Volunteers, and to all other program participants. No profanity, verbal abuse, harassment, bullying or rough play will be tolerated.
3. Participants will not litter or vandalize Carlton Community Center property or equipment, or any property or equipment used in CTC programs. The participant and their parent or guardian will be held financially and legally responsible for damage occurring from engaging in such activities.
4. Participants will not bring weapons or weapon replicas, tobacco, drugs, alcohol, or any other illegal substance or material to CTC activities, nor will they engage in any illegal or dangerous activity while participating in the program.

### Please read and initial the following statements

1. {        } I understand that Carlton Together Cares (CTC), its employees and volunteers are not financially responsible for accidents, injuries or loss of personal property during the participants involvement in any CTC program or activity.
2. {        } I hereby authorize CTC employees and volunteers to seek and obtain qualified emergency medical treatment and/or transportation to receive such treatment for the participant if deemed necessary with the understanding that I will be financially responsible for charges resulting from such medical treatment and/or transportation to receive such treatment.
3. {        } I understand that CTC employees and volunteers are not trained to address specific behavioral and/or medical conditions. I verify that the participant is able to function safely in an activity/program setting with a high ratio of participants per adult. If the participant is deemed unable to function safely, they may be sent home and/or excluded from future activities.
4. {        } I understand that I am financially responsible for program fees incurred while my child is participating in CTC activities.
5. {        } My child's picture may be used for promotional purposes.
6. {        } My child is covered by the following insurance \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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