



# Santa Rosa Rancheria RECREATION WASP YOUTH ENROLLMENT FORM

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B \_\_\_\_\_ Grade: \_\_\_\_\_ [ ] Tribal Member [ ] D. Lineal [ ] Lineal [ ] Com. Resident

Mother: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Father: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Child Lives With: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Guardian \_\_\_\_\_

Place a check next to person(s) to be contacted Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Guardian: \_\_\_\_\_

Court Custody Order on File Yes: \_\_\_\_\_ No: \_\_\_\_\_

**In case of an emergency, please list two other contacts, in the event we are unable to notify the parents/legal guardians.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Alternate Drop Off: Incase Parent/Guardian is Not Home (Note: NO Transportation at this time)**

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone No.: \_\_\_\_\_

Known Allergies: (food, bee stings, etc.) \_\_\_\_\_ Epi Pen Needed: Y/N

Health problems: [ ] Asthma [ ] Heart problems [ ] Seizures [ ] Hearing Impaired [ ] Other: \_\_\_\_\_

In the event of an **accident/major injury** and parent is not able to be contacted, I authorize a Recreation staff member to call 911 or seek immediate health care at preferred Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Contact #: \_\_\_\_\_ Health Ins. Provider/#: \_\_\_\_\_

**MUST PROVIDE DOCTOR'S NOTE/VERIFICATION OF MEDICAL CONDITION!**

**The following are for parent's consent or acknowledgement, please review and initial:**

*I understand that upon arrival to program my child will be subject to a daily health screen (temp. check) and cannot have a temp of 100.4\* or more. If they do not clear screening they may not stay & participate in REC WASP.* **Parent I.T.** \_\_\_\_\_

*I understand my child must wear a mask during program and activities.* **Parent I.T.** \_\_\_\_\_

*Do you give your child permission to be a "Drop-In" (i.e.: walk-on/off, bike, quad, etc.) for REC WASP Program? (6<sup>th</sup>-12<sup>th</sup> Grade)*

YES: [ ] NO: [ ] **Parent I.T.** \_\_\_\_\_

*If your child is not in 6<sup>th</sup> - 12<sup>th</sup> grade and you would like to authorize them to be a Drop-In, you must contact Rec Dept. to pre-arrange. Child must sign in upon arrival & sign out upon departure.* **Parent I.T.** \_\_\_\_\_

*Do you give permission for your child to be photographed or videoed for program purposes & shared on program sites or newsletters?*

YES [ ] NO [ ] **Parent I.T.** \_\_\_\_\_

*I have received a Copy of WASP Handbook [ ]* **Parent I.T.** \_\_\_\_\_

*By signing, I agree to allow the Recreation Department to provide recreational and cultural activities/services for my child and agree to participate and be supportive in my child's social-emotional wellbeing. I understand that many of the sporting activities pose a risk to injury. In the event of an accident or injury the Recreation Department is not liable for any injuries that may occur, in that case parent or emergency contact will be notified immediately. I also agree to provide any other information deemed necessary and agree that the above information provided is current and true.*

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Authorized Recreation Dept. Signature* \_\_\_\_\_ *Date* \_\_\_\_\_