



SUMMER 2016

Registration starts Monday, April 11th at 9am

WHO: Middle and High School Students who live in Salt Lake City

WHEN: June 13 - August 5
Monday-Friday
9:00am-5:00pm

COST: Free!

HOW: To register, complete and sign this form and deliver or email to site manager.

LOCATION: Sorenson Unity Center 1383 S. 900 W.

QUESTIONS: Colin Crebs (801) 209-3501 Colin.Crebs@slcgov.com

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|--|---|------------------------------|
| Child Name _____ | Birth Date ____/____/____ | Current Age _____ |
| School _____ | Grade _____ | Student ID# _____ |
| Cell # (____) ____ - _____ | | |
| Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other | | |
| Parent Name _____ | Best # (____) ____ - _____ | Text # (____) ____ - _____ |
| ALT # (____) ____ - _____ | | |
| Address _____ | City _____ | ZIP _____ |
| Email _____ | ALT Email _____ | |
| <input type="checkbox"/> My child will be picked up | <input type="checkbox"/> My child may sign out and walk home. | |
| EMERGENCY CONTACT (other than parent) | | |
| Name _____ | Relationship _____ | Best # (____) ____ - _____ |
| How did you hear about YouthCity? _____ | | Special Needs (if any) _____ |
| Does student participate in a free or reduced cost lunch program at school? <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> No | | |

Parent or Legal Guardian must read and sign below for child to participate in YouthCity

Release & Indemnification: I hereby recognize and acknowledge that my child's participation in activities may involve bodily injury and/or emotional injury to myself and/or child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release negligence based on any injury except that caused solely by the willful misconduct of YouthCity staff, that may result from my child's participation.

Collections: I agree to pay Salt Lake City Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake City Attorney's Office for collection.

Emergency Treatment: I hereby authorize Salt Lake City program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

Transportation Permission: I hereby give my permission for YouthCity personnel to transport my child or ward for field trips. I hereby agree and voluntarily assume all risk, which may be associated with or result from my child's or ward's transportation to or from the YouthCity Program. I further agree to release the Salt Lake City School District, YouthCity, Salt Lake City Corporation and Salt Lake County, its agencies, departments, officers, employees' agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents' affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me or my child or ward arising out of any and all activity associated with the aforementioned activities.

I have carefully read and understand the contents of this form concerning the transportation of my child or ward.

Photo Permission: I give permission for photographs and videotape recordings of my son/daughter's participation in activities with Salt Lake City to be used in promotional materials for this and other partner programs. I understand that these photos and/or videos may be used in brochures, edited video programs, online and other promotional items for informing interested parties about Salt Lake City activities.

Equal Opportunity: Salt Lake Corporation YouthCity provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

PARENT SIGNATURE _____ **DATE** ____ / ____ / ____