YDC Registration Form

After-School Program September 2025 – May 2026

YOUTH DEVELOPMENT COUNCIL "YDC"

MISSION

To provide opportunities and programs to enhance the academic, social, personal and spiritual development of the children and youth in our community.

STUDENT AND CONTACT INFORMATION

Name:	Age:	Current Grade:	❑ Female ❑ Male
Date of Birth:	Phone:	Email:	
Address:	City:	State/Province:	Zip:

T-Shirt Size YM YL AS AM AL AXL	
Name of Custodial Parent or Legal Guardian:	Name of Additional Parent, Legal Guardian or Next of Kin:
Work or Cell Phone:	Work or Cell Phone:
Email:	Email:

I hereby give permission for the following people, other than parents/guardians listed above, to pick up student (please list):

EMERGENCY NOTIFICATION: These persons will be contacted if parents/guardians are not available.

Name 1:		Address:	
City:	State/Province:	Zip:	Relationship:
Phone:		Email:	
Name 2:		Address:	
City:	State/Province:	Zip:	Relationship:
Phone:		Email:	

CONSENT AND RELEASE

Photo Release: In consideration of the right of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of YDC photographs or video in which the applicant may appear. I hereby waive all right of privacy in and to any said pictures or video.

X Parent/Guardian Signature:

Activity Consent: I specifically consent to my applicant's participation in activities offered by this program. I specifically DO NOT want my applicant to participate in the following activities:

X Parent/Guardian Signature:

Transportation Consent: We understand that some activities involved in by this program may require travel to other locations. All transportation during this program will be provided by staff, transit or people designated by them. All drivers of vehicles will be appropriately licensed. We understand that some transportation will be done in privately owned vehicles that are in good condition and considered safe.

X Parent/Guardian Signature:

Liability Release: The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by the Youth Development Council for participation in this event, we (I) on behalf of my child-participant, hereby release forever, discharge, and agree to hold harmless the aforementioned program and community partners and the directors thereof from any and all liability, claims, or damage for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of our [my] child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

X Parent/Guardian Signature: Date:

Student Name:		

COVENANT

I, ______________________________________, hereby agree:
(print name of student)

1. To turn in my completed and signed registration form;
2. To spend the **TWO DAYS** a week without interruption unless special circumstances arise and are approved by the executive director;
3. To live by the rules, schedules and purposes of the after-school program;
4. To put away or leave all electronics and electronic media with site coordinator during daily program time;
5. To not possess or use tobacco products, alcohol, or illegal drugs;
6. To be courteous and respectful of the person and property of others;
7. To not use foul language or derogatory remarks;
8. To dress in an appropriate way that maintains my personal dignity and the dignity of others;
9. To listen and do what is asked by the executive director, site director, counselors, teachers, and volunteers;
10. To do my best to be a good person and give my best to make the after-school program a positive experience for all students and staff.

X Signature of Student: Date:

HEALTH INFORMATION

General health condition: ❑ Excellent ❑ Good ❑ Fair ❑ Poor	Date of last tetanus vaccination:	
Is student currently under a physician's care for any acute or chronic medical condition? ❑ Yes ❑ No If yes, please explain:		
Personal physician:	Phone number:	
Hospital/clinic of choice:		
Health Insurance Provider:	Health Insurance Provider Phone:	
Policy Holder's Name:	Policy #:	Group #:

Does student require prescription medications? (Include dosage instructions and any other helpful information.):

Does student carry non-prescription medication? (Please list medication(s) and purpose.):

Are there any medications that should not be given? (Tylenol, throat lozenge, laxative, etc.):

Allergies - environmental, food or medicine (if none, please so state):

Special Dietary Restrictions (if none, please so state):

Program Activity Restrictions: ❑ None ❑ Strenuous activities ❑ Swimming ❑ Other (describe):

All medications must be turned into the site director or designated adult. (Medication must be labeled with the student's name, medication name, amount to be given and time to be given.)

Girls: Has menstruation begun? ❑ Yes ❑ No If no, has she been told about it? ❑ Yes ❑ No

Does the student have any history of, or is he/she currently being treated for, the following:
❑ Anemia ❑ Appendicitis ❑ Arthritis ❑ Asthma ❑ Athlete's Foot ❑ Bronchitis ❑ Diabetes
❑ Digestive disorder ❑ Epilepsy/seizures ❑ Fainting ❑ Fractures ❑ Heart condition ❑ Hepatitis ❑ Hernia
❑ High blood pressure ❑ HIV ❑ Hypoglycemia ❑ Kidney trouble ❑ Low blood pressure ❑ Nervous disorder
❑ Skin disease ❑ Skin ulcer ❑ Sore throats ❑ Tonsillitis
Other: ____
If yes to any of the above, please explain:

Please check any of the following conditions that apply to the student: ❑ Homesickness ❑ Headaches ❑ Sleepwalking
❑ Cramps ❑ Toothaches ❑ Hearing problems ❑ Bed Wetting ❑ Stomachaches ❑ Earaches ❑ Swimmer's ear
❑ Diarrhea ❑ Nosebleeds ❑ Vision problems ❑ Constipation ❑ Frequent Colds ❑ Fainting
❑ Recent emotional upset (death of loved one, divorce of parents, etc.); please explain:

Please describe any other medical, emotional, psychological, dietary or physical condition that could affect the applicant's experience at the after-school program:

Permission for Medical Treatment: I, the undersigned (parent or legal guardian), hereby authorize any necessary medical treatment for the applicant/myself. I also guarantee all payment of all charges incurred during this medical treatment.

X Parent/Guardian Signature: Date: