

# Town of East Granby & Granby Youth Service Bureaus REGISTRATION and PERMISSION SLIP

**Program:** \_\_\_\_\_ **Fee:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

(for summer programs enter upcoming school/grade)

Parent/Legal Guardian Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Referred to the program by: \_\_\_\_\_

Please check if you do *NOT* want your child's name or photo published

Please check if your child does *NOT* have permission to fill out anonymous surveys

## DEMOGRAPHICS (please check one in each category)

Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes

### Race

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Multi-Racial
- White

### Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino

### Family

- 2 Birth/Adoptive Parents
- Step & Birth Parent
- Single Parent Female
- Single Parent Male
- Grandparent
- Relative/Guardian
- DCF

Foster Parent

On-Own

Joint Custody

Other

### Lunch

- Receives Free/Reduced Lunch
- Eligible to receive Free/Reduced Lunch
- Not Eligible

## PERMISSION AND EMERGENCY/MEDICAL INFORMATION

If your child requires pick-up, is there anyone *NOT* authorized to do so? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any specific medical conditions we should be aware of? \_\_\_\_\_

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersign, do hereby waive and hold the Granby youth Service Bureau, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand Granby Youth Service Bureau does not provide accident or health insurance. In addition, I give permission for my child to participate programs at Granby Youth Service Bureau.

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

Contact AnneMarie Cox for more information about this program at (860) 844-5355!