

## YOUTH SERVICES REGISTRATION FORM Fall 2014

Parent/Payer's Information

Parent/Payer's Name	Home #	Cell #
Address	City/Zip	Email
Emergency Contact	Phone	Relationship to Participant
Do you require any special accommodations?		

Youth Programs	Participant(s) Name— fee is per participant	Grade	R/Fee	NR/ Fee	Total
Study Skills Workshop					
Mind-Body Group			\$15	\$85	
Friendship Group			\$15	\$85	
7 Habits Group			\$15	\$35	
Coping Skills Group			\$15	\$65	

Parenting/Adult Programs	Participant(s) Name	Childcare	Age(s)	R/Fee	NR/Fee	Total
Parenting the ADHD Child		Y/N		\$15*	\$55*	
Mind-Body Group				\$15	\$85	
Positive Discipline Group		Y/N		\$15*	\$55*	

Adult Workshops (Free)	Participant(s) Name	Childcare	Age(s)
1-2-3 Magic		Y/N	
Overcoming Stigma		Y/N	
Creating Motivation			
I Don't Want to Loose You		Y/N	

Professional Workshops (Free)	Participant Name <small>Pay the \$5.00 fee the day of the workshop of you want CE credits</small>	CE Credit	If yes, Lic. #	Agency/School
Intro Motivational Interviewing		Y/N		
Pharmacology		Y/N		
Eating Disorders		Y/N		

<p>Make Checks payable to: <b>Warren Township</b>          Mail or Drop Off: Warren Township Youth Services          100 S. Greenleaf Street          Gurnee, IL 60031</p>	<p>Total Amount \$ <input style="width: 100px;" type="text"/></p> <p>Check # _____</p>
<p><b>Scholarships</b> available for residents only. Send in this form with the scholarship form. You will be contacted if approved.          *Fee per couple</p>	<p><small>FOR OFFICE USE ONLY</small></p> <p>Date Recvd _____ Revd By _____ Amt Recvd \$ _____</p>

Please complete the back side for the Youth Programs

## Please complete this for the Youth Mind-Body, Friendship, 7 Habits, Coping Skills Group

### Student Questionnaire *All information is confidential*

List all current and past health challenges/injuries/operation/diagnoses:

List any allergies your child has:

List any medications your child is currently taking:

List desired benefits and outcomes from your child's participation in this program:

Please share any other information you think might be helpful for me to know in order to create the most positive experience for your child:

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### **Liability Release**

In exchange for permission for me and/or my child to participate in the Youth Programs or Classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Youth Program Teacher, any related associations, Warren Township and its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person, or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in an any manner by my participation or my child's participation in the Youth Programs or Classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the Youth Programs or Classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Youth Programs or Classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Child's Name (print): \_\_\_\_\_

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