



**Tree Street Youth
Registration and Release
144 Howe Street Lewiston, ME
(207) 577-6386**

Student 1 Name: _____ **DOB:** _____ **Grade** _____ Male Female Not Specified

Name of School: _____ **Does your child have an IEP?** Yes No

Race/Ethnicity: African/African American/Black American Indian/Alaskan Native Asian White Hispanic or Latino Other _____

Student 2 Name: _____ **DOB:** _____ **Grade** _____ Male Female Not Specified

Name of School: _____ **Does your child have an IEP?** Yes No

Race/Ethnicity: African/African American/Black American Indian/Alaskan Native Asian White Hispanic or Latino Other _____

Student 3 Name: _____ **DOB:** _____ **Grade** _____ Male Female Not Specified

Name of School: _____ **Does your child have an IEP?** Yes No

Race/Ethnicity: African/African American/Black American Indian/Alaskan Native Asian White Hispanic or Latino Other _____

Student 4 Name: _____ **DOB:** _____ **Grade** _____ Male Female Not Specified

Name of School: _____ **Does your child have an IEP?** Yes No

Race/Ethnicity: African/African American/Black American Indian/Alaskan Native Asian White Hispanic or Latino Other _____

Home Address: _____ **City** _____

Student (s) Primarily Lives With: Mother Father Both Parents Other: _____

Primary Language: _____ **Secondary Language:** _____ **Additional Languages:** _____

Do your child (ren) receive free/reduced Lunch? Yes No

TELL US HOW TO REACH YOU WHILE YOUR CHILD IS WITH US:

Parent/Guardian: _____ **Relationship to student:** _____

Mailing Address (if different): _____

City: _____ **State:** _____ **Zip Code:** _____

Day Phone: _____ **Evening:** _____ **Cell:** _____

Parent/Guardian's Highest Level of Education: Some High School High School Diploma Some College

College Degree No Formal Education Other (GED? Adult Ed?): _____

In case of emergency and the parent/caregiver cannot be reached, please notify:

Name: _____ **Relationship to family:** _____

Mailing Address (if different): _____

City: _____ **State:** _____ **Zip Code:** _____

Day Phone: _____ **Evening:** _____ **Cell:** _____

Health/Medical Information:

Medications: _____ Medical Conditions: _____

Recent Injuries: _____ Food/Drug Allergies: _____

Asthma _____ Other Conditions or Diagnoses: _____

Please ensure that your child brings any necessary medication with them (inhaler, epi-pen, prescription).

OPTIONAL: POWERSCHOOL ID: _____ **Password:** _____

Tree Street Youth Participation Agreement, Release and Acknowledgement of Risk, and Photo Release

In consideration of the services of Tree Street Youth, Inc. ("Tree Street"), I hereby agree, on behalf of myself and my child(ren), as follows:

1. I acknowledge that participation in Tree Street programming entails known and unanticipated risks, which include physical injury including paralysis, death, or damage to myself or my children, to children for which I am responsible, and damage to my property or that of a third party. I understand that such risks are inherent in the activity and cannot be eliminated without jeopardizing the essential qualities of the program. I have read the list of risks associated with this program.
2. I acknowledge that Tree Street staff and volunteers cannot pay continuous attention to all participants, and cannot be responsible for their safety at all times.
3. I agree to release and discharge Tree Street from any and all claims or liabilities related from or connected with my participation or my child's participation in any Tree Street program, as well as any and all claims or liabilities arising from or connected with our presence on Tree Street's premises, or on any property owned by others where Tree Street activities are conducted.
4. I certify that I have no medical condition or restriction that prevents me from safely participating in Tree Street programs. I also certify that my children and the children for whom I am responsible have no medical condition or restriction that prevents them from safely participating in any Tree Street Program.
5. I consent to motor vehicle transportation by Tree Street staff.
6. I hereby give my consent and consent on behalf of my child to be photographed/filmed/recorded while participating in Tree Street programs, and to use such photograph/footage/recording for any purpose, including training, advertising, solicitation of charitable gifts, and other communications.
7. I authorize Tree Street to collect student data for the purpose of program evaluation and reporting results to Tree Street's funders and Board of Directors.
8. I understand that this release applies to me and my children, as well as each of our heirs, insurers, successors, and assigns.

Acknowledgement: I consent to participation in this program of my child(ren) and any children in my care
(Please List Names):

1. _____ 2. _____
3. _____ 4. _____

Consent to Treatment

I authorize Tree Street staff to arrange for transportation and medical treatment in case of accident or illness. In the event Tree Street staff are unable to contact me, I authorize Tree Street Staff to arrange for transportation and medical treatment, and consent to treatment by a licensed physician or medical provider, including the administration of any medication or other treatment which a medical provider deems reasonably necessary for my child's health or well-being. I assume financial responsibility for the cost of such transportation and treatment.

Adult Signature

Date

Consent to Walking

_____(Initials) **YES MY YOUTH CAN WALK.** I authorize that my children can walk to and from the center and come and go during program hours. I acknowledge that all children at Tree Street youth are able to come and go from the center during program hours unless otherwise specified by initialing and providing names of who can pick them up below.

_____(Initial) **NO MY YOUTH CANNOT WALK.** I am requesting that my child(ren) are not permitted to come and go from the center and are only to be picked up by: 1. _____ 2. _____