



# Tree Street Youth 2024-2025

Registration and Release  
144 Howe Street Lewiston, ME  
(207) 513-6866

**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:** \_\_\_\_\_

**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.

\_\_\_\_\_(Initials) **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. \_\_\_\_\_



# Tree Street Youth Sequoia/REDWOOD Participation Registration

## Participant Release Form

Participant's First Name:	Participant's Last Name:
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**Please read and check you answer in each box, then sign and date at the bottom.**

**Medical Contact & Treatment:** In the case of a medical emergency, every effort will be made to contact an authorized adult of the Participant. If such cannot be reached, a Tree Street staff member will secure medical treatment for my child as indicated on the Health History Form. Tree Street will contact an individual on the Participant Information Form to alert them of the situation.

**I understand the Medical Contact & Treatment Policy: Circle one: YES NO**

**Activity & Safety Waiver:** I have familiarized myself with the Tree Street program and activities and acknowledge there may be field trips off Tree Street property. I recognize that there are potential hazards and dangers in program activities and acknowledge that, although Tree Street has taken safety measures to minimize the risk of injury to participants, Tree Street cannot insure and/or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further have instructed my child on the importance of knowing and abiding by the Tree Street rules, regulations, and safety procedures and we understand and agree to abide by them.

**My child may participate in all Tree Street activities: Circle one: YES NO**

**Media & Research Release:** Tree Street may take photographs or videos and/or conduct interviews verbally and/or in writing of/with my child and track attendance while he/she is participating in Tree Street programs. These may be used in films, brochures, website and other print, web-based, research, or media materials produced by/for Tree Street for publicity, research, and/or fundraising purposes for Tree Street and its partners.

**My child has permission for all of the above: Circle one: YES NO**

My child does NOT have permission for:

**Communication:** I understand that Tree Street may communicate with school personnel and other professionals working with my child, as necessary, to obtain information that will be helpful in ensuring that the child has a successful Tree Street experience.

**I will allow these conversations to occur via phone, email or in person. Circle one: Yes No**

**Transportation:** I understand that my child will be transported in Tree Street vehicles and/or staff vehicles to various programs and other events off the Tree Street property.

**I give permission for my child to be transported in Tree Street and staff vehicles: Circle: Yes No**

Authorized Adult Signature:	Date:
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