



COLCHESTER YOUTH SERVICES

2016/2017 REGISTRATION FORM

youthservices@colchesterct.gov (860) 537-7255

Participant's Name: _____ Birth Date: _____ Age: _____

Address: _____ Grade: _____

Parents/Guardian Name: _____ Phone Number: _____

Parents/Guardian Name: _____ Phone Number: _____

Gender: Male Female Which school do you go to? Bacon WJMS JJIS Other _____

Youth's cell phone _____ Parent's Email: _____

Emergency Contact (other than parent): _____ Phone: _____

Please list any medical conditions & current medications (whether or not they need to take them during program/trip).
Examples: ADHD, Autism Spectrum Disorder, Diabetes, Allergies, etc.

Medical condition: _____ Medication: _____

Medical condition: _____ Medication: _____

Medical condition: _____ Medication: _____

RACE (choose only one):

- White
- Black/African American
- Multiracial (more than one race)
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native
- Asian

Are you Hispanic/Latino?

- YES
- NO

HOUSING STATUS (choose only one):

- Not homeless
- Homeless shelter
- Doubled up/shared housing
- Unsheltered
- Hotel/motel
- Unaccompanied youth

WHO DO YOU LIVE WITH?

- Both Parents
- Joint Custody (part time with each parent)
- Mom and Step Parent or Dad and step parent
- Single parent (female)
- Single parent (male)
- Grandparents
- Relative/Guardian
- DCF Guardianship
- Foster parent(s)
- On own

In consideration for the opportunity to be transported and to participate in activities, I hereby agree to release, discharge and hold harmless the Town of Colchester, its employees and volunteers from the liabilities which may occur from participating. If I can not be reached at the phone numbers provided, I give permission for my child to be treated by qualified medical personnel. In addition, I permit the taking of video or photographs of my child during activities for publication and use by the Town of Colchester for promotional purposes unless otherwise stated.

Parent/Guardian Signature

Date

