

Utopia Youth Center Registration Form

Utopia Youth Center requires that all youth who participates in activities and events is registered by a parent or legal guardian. The following information should be provided by the parent or legal guardian and then updated as necessary. All the information will be kept confidential.

Participant Information:

First Name: _____ Last Name: _____

Birthdate: _____ Age: _____ Male: _____ Female: _____

School Attending: _____ Grade Level _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Participant Medical Information:

Allergies: No _____ Yes (if yes what allergies) _____

Current or past medical conditions our staff should be aware of: _____

List of medications: _____

Parent/Legal Guardian Information:

First Name: _____ Last Name: _____

Home Phone: _____ Cellphone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Relationship to participant: _____

First Name: _____ Last Name: _____

Home Phone: _____ Cellphone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Relationship to participant: _____

Emergency Contact Person- Other than Parent Listed Above:

First Name: _____ Last Name: _____

Home Phone: _____ Cellphone: _____

First Name: _____ Last Name: _____

Home Phone: _____ Cellphone: _____

Media Release: I give Utopia Youth Center permission to use my daughter/son's name and/or photograph in the press/media when releasing information about the accomplishments and highlights of Utopia Youth Center.

Signature: _____ **Date:** _____

Viewing Agreement: I give Utopia Youth Center permission for my daughter/son to view PG/PG 13 movies that are being shown at Utopia Youth Center and that have been previously viewed by staff and are deemed appropriate for youth attending this youth center.

Signature: _____ **Date:** _____

Gaming Agreement: I give Utopia Youth Center permission for my daughter/son to play and watch video games rated T for Teens or below, and that are deemed appropriate by Utopia Youth Center.

Signature: _____ **Date:** _____

Waiver of Liability and Statement of Understanding: We (parents/legal guardians and youth) hereby state that we have read, understand and agree to the rules and stipulations accompanying this waiver as set out by Utopia Youth Center. I further hereby release and discharge Utopia Youth Center and all sponsors of Utopia Youth Center from any and all claims, demands, damages, causes of action, and liability whatsoever which may arise or grow out of my daughter/son's participation in Utopia Youth Center.

Youth Signature

Date

Parent/Guardian Signature

Date