



Youth

PRINCE GEORGE
JOSHUA CENTER
AVITTO COMMUNITY

GOOD SHEPHERD YOUTH PROGRAMS at PJACC

PROGRAMAS DE JUVENTUD DE PJACC

Return your application to/*Devuelve su aplicacion a:* 876 Schenck Ave Brooklyn, NY
Telephone Number/*Numero de Telefono* - 929.246.6400

Participant First Name: _____ Last Name: _____

Nombre de Participante

Date of Birth: _____

Fecha de Nacimiento

Gender: MALE FEMALE AGE: _____ GRADE: _____
Genero Masculino Femenino Edad Grado

Home Address: _____ Apt. _____ Zip code _____
Direccion de Hogar Apartamento Codico Postal

Home Phone: _____
Numero de Telefono

Cell Phone: _____
Telefono Celular

Participant E-mail _____
Email de Paticipante

Race: African American/Black Asian American White Hispanic
Nacionalidad Other: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name: _____ Relationship _____
Padre/Guarian #1 Nombre: _____ Relacion _____

Parent/Guardian # 1 Home Phone: _____ Cell Phone: _____
Padre/Guardian #1 Telefono de Hogar _____ Telefono Celular: _____

Work Phone: _____ Email Address _____

Telefono de Trabajo _____ Email _____



EMERGENCY CONTACT INFORMATION / CONTACTOS DE EMERGENCIA

Contact Name: _____ Relationship: _____
Nombre de Contacto Relacion

Home Phone: _____ Cell Phone: _____
Telefono de Hogar Telefono Cellular

Work Phone: _____ Email Address _____
Telefono de Trabajo Email Electronico

Medical Conditions — All youth must have a valid medical attached.

Condiciones Medicos

Do you have any known Allergies/ Usted tiene Alergia? ___ Yes ___ No

If yes, please list items that you are allergic to/Si tu respuesta es Si de alergia de que tienes alergia:

Do you have any medical conditions or physical disabilities? ___ Yes ___ No/Usted tiene una
desebilidad o una condicion medica? ___ Si ___ No

If yes, what is the nature of the condition? / Si usted tiene una condicion medica, cuales su condicion
o discapacidad

Does your child carry an Epi pen? ___ Yes ___ No

¿Su hijo lleva una pluma Epi? ___ Si ___ No

***If yes, an additional Epi Pen is require for our main office/ En caso afirmativo, se requiere un lápiz
Epi adicional para nuestra oficina principal.***

Does your child have Asthma? ___ Yes ___ No

¿Su hijo tiene asma? ___ Si ___ No



Does your child carry an Asthma pump? Yes No
¿Su hijo lleva una bomba de asma? Si No

Consent for Emergency Medical Treatment

I give authority to the Program Agency’s staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

Consentimiento para tratamiento médico de emergencia

Doy autoridad al personal de la Agencia del Programa para obtener el tratamiento médico de emergencia necesario para mi hijo con el entendimiento de que se notificará a la familia lo antes posible. Entiendo que se hará todo lo posible para contactarme antes y después de proporcionar atención médica.

Yes, I give permission No, I do not give permission
Si, doy permiso No, no doy permiso

Pick Up/Dismissal Information

Recogida / Despido

Will your child walk home alone after dismissal at PJACC? Yes No

If no, please list all persons that **ARE AUTHORIZED** to pick up your child:

En caso negativo, enumere todas las personas que pueden recoger a su hijo:

- 1. First Name/Nombre _____ Last Name/Apellido _____ Phone _____
- 2. First Name/Nombre _____ Last Name/Apellido _____ Phone _____
- 3. First Name/Nombre _____ Last Name/Apellido _____ Phone _____

Please list any individuals that **ARE NOT AUTHORIZED** to pick up your child:

- 4. First Name/Nombre _____ Last Name/Apellido _____ Phone _____
- 5. First Name/Nombre _____ Last Name/Apellido _____ Phone _____
- 6. First Name/Nombre _____ Last Name/Apellido _____ Phone _____





AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

I agree, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Good Shepherd Services a community-based organization at the Prince Joshua Avitto Community Center (“PJACC”), and its community partners as well as their directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while participating in activities connected with Good Shepherd programs at the Prince Joshua Avitto Community Center, including classes, performances, or other activities. By signing, I certify that I have notified Good Shepherd Services, Directors, and instructors of all known illnesses and medical conditions in the above medical section of this registration form. I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. Further, I understand and acknowledge that there may be physical contact between directors, employees, staff, instructors and students during certain activities, trainings, workshops, performances associated with classes at PJACC. I understand that at times for proper instruction and safety, physical contact maybe required and necessary. I authorize Good Shepherds Services, through its employees, to take any appropriate steps they deem necessary to protect the safety of myself and other participants and provide medical assistance as needed in the event of an emergency.

I have carefully read this agreement, waiver, release, & assumption of risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it on my own free will. By signing, I also certify that I am at least 18 years of age, a legal adult under New York State law and the legal guardian of the youth registering for programs at the Prince Joshua Avitto Community Center.

I also authorize Good Shepherd Services to take photos and record videos of my child/myself/the minor child for whom I am a legal guardian. If I am signing this in my capacity as the legal guardian of a minor child, I authorize Good Shepherd Services and its community partners to use photos and videos of myself for promotional purposes.

Youth Participant Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date** _____

