



Youth

PRINCE  
JOSHUA  
AVITTO  
COMMUNITY  
CENTER

# 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** \_\_\_\_\_





We see what can be.

## General Agency Media Consent, Release and Waiver

I hereby give Good Shepherd Services permission:

1. For unlimited use, both now and in the future, of any and all

- photographs and likenesses of me or my child(ren) participating in program events and activities;
- video that has been filmed of me or my child(ren) during program events and activities;
- interviews that have been conducted with me or my child(ren) during program events and activities;

2. To use or publish these photographs, likenesses, videos or words for any purpose in any medium, including but not limited to brochures, publicity campaigns, the Good Shepherd Services website, in order to publicize services, recruit foster and adoptive parents) and /or seek financial support for Good Shepherd Services.

- I understand that participation in photography, videos and interviews is entirely voluntary.
- I understand the purpose of this document and appreciate that my picture, likeness, first name and words will be publicly disclosed.
- I hereby release and discharge Good Shepherd Services from any cause of action, claim and liability in connection with the use of these photographs, videos and interviews. I further release Good Shepherd Services from liability, claim and/or cause of action if I voluntarily or inadvertently disclose confidential information about myself and/or my child(ren).
- Good Shepherd Services acknowledges that it will not knowingly use or publish the photographs/videos/interviews in any way that would render them misleading.
- I expressly consent to permit Good Shepherd Services to share photographs, likenesses, videos of me and/or my child(ren), and interviews conducted with me or my child(ren) with its business partner organizations.
- I have read this document and fully understand its contents. I have been given an opportunity to have my questions about this document answered.
- I am the person, or the parent or legal guardian of the person(s) named below. I have the legal authority to consent to these terms on behalf of any minor named below.
- I hereby consent to the terms of this Consent, Release and Waiver.

Date: \_\_\_\_\_

Name of Individual(s) to Be Photographed/Filmed/Interviewed:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Individual/Parent/Guardian (for child(ren) under 18 years):

\_\_\_\_\_