

**CNYS STAFF USE ONLY:** DATE /TIME RETURNED: \_\_\_\_/\_\_\_\_/\_\_\_\_ @\_\_\_\_ INITIAL: \_\_\_\_

## Comanche Nation Youth Services

### Program Information

#### Participant Information

Full Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
                    *Last*                    *First*                    *M.I.*  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_ Shirt Size \_\_\_\_ Comanche CDIB \_\_\_\_  
Email: \_\_\_\_\_

### Parent Information/Emergency Contact

Parent/Guardian: _____	Relationship: _____
Cell Phone: _____	Work Phone: _____
Parent/Guardian: _____	Relationship: _____
Cell Phone: _____	Work Phone: _____
Emergency Contact: _____	Relationship: _____
Cell Phone: _____	Work Phone: _____

### Parent Pick-Up Release Form

To better ensure the safety of your participant, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your participant from The Youth Services department and you were unable to notify us.

**If we do not know the person coming in to pick up your participant we will ask for identification. If the person coming in is not on the list, we will not release your participant to that person.**

**Please notify Youth Services if someone other than yourself will be picking up your participant.**

**Please list all the people, including yourself, who are allowed to pick up your participant.**

	NAME	RELATIONSHIP TO PARTICIPANT
1.		
2.		
3.		
4.		
5.		
Participant's Name:		Parent/Guardian Signature: _____ Date: _____

## Health Questionnaire

These questions are very important to assist us in taking care of your Participant while attending all CNYS activities. Please select yes or no. Does your participant have:

Asthma	YES	or	NO
Heart Problems	YES	or	NO
Diabetes	YES	or	NO
Respiratory Problems	YES	or	NO
Food Allergies	YES	or	NO
Outdoor Allergies	YES	or	NO
Head Lice (Participants are subject to random head checks)	YES	or	NO

If yes to any allergies, please list:

Taking any medication:	YES	or	NO
If yes, please list medication			
Does your child have any specific needs	YES	or	NO
Does your child have an IEP (Individual Education Plan)	YES	or	NO
If yes please attach a copy			
Does your participant have any individual specific needs	YES	or	NO
If yes, please describe			

**Each case involving medication will be taken into consideration by The Director.**

## Medical Care

I \_\_\_\_\_, the Parent /Guardian of \_\_\_\_\_, do hereby authorize the Comanche Nation Youth Services to act on my behalf and in the best interest of my participant, in authorizing medical, surgical, dental, diagnosis and /or treatment. Such care is to be rendered only to the above-named minor under the supervision and upon the advice of a physician, surgeon or dentist licensed to perform such care. In giving this consent, I recognize and understand that in situations where the above-named minor requires immediate medical or hospital care, it may not be possible to contact me. I understand every attempt will be made to contact me prior to any emergency treatment. In such situations, I authorize a physician, Surgeon, or dentist to exercise his/her professional judgment and assess risks incident to and choose the necessary treatment from any available alternatives, and to render such care and perform such treatment as he/she, in their professional judgment, determines to be necessary for the health and safety of the above-named minor.

<b>Minors Date of Birth</b>	____/____/____	<b>Minors Medical Chart # (optional)</b>	# _____
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## Photo Release

I hereby permit Comanche Nation Youth Services to photograph my participant while participating in The Comanche Nation Youth Services to release and publish any material. I understand that this material may be used to promote Comanche Nation Youth Services in various publications, example: newspapers, slide shows, and videos this material may also appear on the Comanche Nation Web page.

Participants Name		Parent/Guardian Initials		Date	
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## Permission to Walk Home

I give permission for my participant to walk home (select one)	<b>YES</b>	<b>or</b>	<b>NO</b>
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By selecting yes on this waiver, I authorize my participant (listed above) to walk home alone. Please note that this permission slip grants permission for participant to leave The Comanche Nation Youth Services without adult supervision. Only when a permission slip is signed, dated by parent or guardian, and is on file at The Comanche Nation Youth Services may participant be able to leave.

Participants Name		Parent/Guardian Initials		Date	
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## Pick up Policy

All participants of the Comanche Nation Youth Services must be signed out by designated pick up times. If your participant is not picked up by designated time, 3 chances with documentation will be given after the 3<sup>rd</sup> late pick up your participant will be withdrawn from the Comanche Nation Youth Services.

## Attendance Policy

If participant has not attended Youth Services in 2 Consecutive days **YOU MUST** notify CNYS before your participant is permitted to attend. Please give advance notice if your participant will not be able to attend the daily sessions.

## Liability Form

I will not hold the Comanche Nation Youth Services or Comanche Nation liable for any accidents that may occur.

I do understand that if my participant is under 8 years old, they must ride in a child passenger restraint system or booster seat, unless they are taller than 4'9". **Booster Seats must be provided by parent/guardian in order for participant to be transported by Comanche Nation Youth Services.**

I will not hold any Comanche Nation Youth Services employee(s) or volunteers liable for any lost or damaged property belonging to my participant

## Comanche Nation Services Program Rules

**Every Youth Services Participant must follow all Rules.**

1. Be courteous

2. Respect yourself and your neighbor

3. Respect your presenters

4. Be willing to help when asked

5. Participate in all activities

6. Play fair with others

7. No name calling

8. Keep your hands to yourself

9. Always be prepared to learn

**Your participant will be given 3 chances as follows.**

1. Verbal reprimand with notification/documentation to parent/legal guardian.

2. Second time will be 2<sup>nd</sup> Verbal reprimand with documentation and parent/legal guardian notification.

3. Third time will be withdrawal from the Comanche Nation Youth Services with documentation.

**Violations of the following rules will result in IMMEDIATE withdrawal from the Comanche Nation Youth Services**

1. Possession on any weapons

2. Possession of drugs or alcohol

3. Fighting or any physical violence

4. Use of any Profanity

5. Bullying

6. Sexual Misconduct

7. Stealing

**\*\*\*Comanche Nation Youth Services, with probable cause will search a participants backpack if the CNYS Staff deems necessary**

## Disclaimer and Signature

*I have read through the CN Youth Services Application. I understand that all parts of the application must be honest and completed before it is officially accepted. I also understand all rules, conduct policies, and attendance policy.*

Participant Signature

Date

Parent/Guardian Signature

Date