**Student Registration**

| * After School (Circle Site): Boys Center / Reach Church / Harmony /Pleasantview/ Morado /Midland   **For summer camp registration, the grade is next fall.** | * Summer Camp | * Sports Ministry |
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**Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age:\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_\_

**Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age:\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Gender: **\_\_\_\_\_\_**

**Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Age:\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Gender: **\_\_\_\_\_\_**

**Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Age:\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Gender: **\_\_\_\_\_\_**

**Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Age:\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Gender: **\_\_\_\_\_\_**

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician/Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of child(ren)’s last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all special medical conditions (allergies, medications, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Tiger Pause will protect the privacy of the data collected below and will not share it with any other agency except as required for contract funding reimbursement.***

| **Family Type:** | **Annual household Income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| * Single Parent Female |  |
| * Single Parent Male * Two Parent Household * Single Person | **Housing:**   * Rent * own |
| * Non-Parent Relative | **Family Size:** (including parents & children) |
| * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * One |
|  | * Two |
|  | * Three |
| **Race:** | * Four |
| * American Indian/ Alaska Native | * Five |
| * Indigenious/European Heritage | * Six |
| * Asian * Black or African American * White/Caucasion * Multi-Race (any two or more of the above) * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Ethnicity:**   * Hispanic, Latino or Spanish Origin * NOT Hispanic, Latino or Spanish Origin   **Health Insurance:**   * Have health Insurance * No health Insurance   If you have health insurance please specify the source of the insurance:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Seven * Eight or more: Total #\_\_\_\_\_\_\_\_\_\_\_\_   **Source of Family Income**   * Employment only * Social Security Disability Income (SSDI) * Social Security (Retirement Income) * Supplemental Security Income (SSI) * SNAP * TANF * Pension * Child Support / Alimony (Please circle) * Public Housing * Zero Income – no active employment * Unemployment Insurance * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PARENTAL CONSENT FOR SCHOOL INFORMATION, MEDICAL, & PHOTO RELEASE**

**Waiver**: I give my permission for the child(ren) listed to participate in the Tiger Pause Youth Ministry Program and to participate in all events: such as, but not limited to Tiger Pause sports ministry events, field trips, community outreach activities, etc. In the event of an emergency, I understand that an effort will be made to contact me first. However, I give permission for the staff of this program to seek medical treatment or to authorize emergency medical care. I will not hold Tiger Pause Youth Ministry or cooperating organizations, churches, or their staff or representatives responsible for injuries which may occur to my child.

**School Records & Data Security**: The director of Tiger Pause Youth Ministry has my permission to access the school records (academic progress reports, school attendance, disciplinary information, etc.) of my child(ren). The director also has my permission to review this information with the program mentors assigned to work with my child(ren). I understand that Tiger Pause will protect the privacy of the data it collects and will not share it with any other agency except as required for contract funding reimbursement.

**Transportation Release:** I give permission for Tiger Pause Youth Ministry to provide transportation from their location to Tiger Pause Youth Ministry facilities. I give permission for Tiger Pause Youth Ministry to provide transportation from Tiger Pause Youth Ministry facilities to their location.

**Liability Release:** I release, forever discharge, and agree to hold harmless the Tiger Pause Directors and staff from all liability, claims or demands for personal injury, sickness, or death, as well as any damage to property or any expenses of any nature whatsoever which I and/or my child(ren) may incur while the above listed child(ren) is participating in any field trip or any activities whatsoever related to camp.

**Photo Release:** I understand that at Tiger Pause events or related activities, my child may be photographed. I agree to allow my child’s photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. When an identification of a student is made, only the first name of the student may be used.

**Behavioral Policy:**I understand that my child must adhere to the rules and policies at Tiger Pause. The first offense will be addressed with a verbal warning. A second offense will be addressed with a verbal warning and a written notification sent home for me to sign. If the situation persists, I understand that my child will be suspended from participating in Tiger Pause programs.

**Attendance Policy:** I agree to adhere to the drop-off and pick-up policy of the program site my child(ren) attend(s). Failure to do so may result in my child(ren)’s suspension from attending the Tiger Pause programs. Additionally, if my child(ren) does not regularly attend the program for which they are registered, I understand that they may forfeit their registration to another student.

Any false statements made knowingly and willfully may subject the signer to penalties under Section 1010 of Title 18 of the United States Code.

| Child(ren)’s School(s and School Year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Printed Name: Parent/Guardian Signature Date |
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