

Registration Form

PO Box 414 • Alexandria Bay, NY 13607 • (315) 482-9971 ext. 2130 HFY@alexandriacentral.org

www.heartsforyouth.org

Hearts For Youth Student Registrations MUST be completed for your child to participate in any and all Hearts for Youth activities. Specific information on the forms are used solely for HFY and governing bodies of HFY. The information HFY has on file, allows HFY to stay connected to the child and their families. Your child's safety is our first priority. Each child needs their own individual registration. PLEASE PRINT CLEARLY AND PRECISE!

ALONG WITH THE REGISTRATIONS, HFY WILL TAKE A PHOTOGRAPH OF YOUR CHILD FOR IDENTIFICATION AND SECURITY PURPOSES.

STUDENT INFORMATION

Last	ast Name:													MEDICAL INFORMATION																						
											Τ					Π																				
First Name:													Medical Conditions/Allergies (If Any):																							
	- 140			г	Г	П	Т	П	Т	Т	Т	\top	Т	\neg		Т	$\overline{}$	ıГ	Т	П						Π		Τ					Т		Г	П
									Prescriptions (If Any):																											
Date	Date Of Birth: Sex:												Ë																							
															L																		Ш			
Month Day Year Age Male Fer									Female	Name Of Insurance Company (If Any):																										
Ethnicity:											Τ									Γ					Γ		Г									
											Insurance ID# (If Any):																									
African American Asian Caucasian Spanish									Г	Т	Т	Т				П	Т	Т	Т	Т			Г	Т	Т	Т	П									
												In	CIII'	2m/	ce C	arr	Ш	ldo	r /If	Δn	Λ- -			<u> </u>		<u> </u>				Ш						
Oth	L Other													Sui	alli	JG U	art	ı nu	luc	("	Ally	/): 	Т	_	<u> </u>	_		$\overline{}$	Т	_	\Box					
Utili	Juigi																															Ш				
Stre	Street Address:														EI	MER	RGI	ENCY	C C	ONT	AC1	<u> </u>														
										Π	Τ	Τ				Π		٦L																		
City	itu/Town:													E	EMERGENCY CONTACT PHONE NUMBER:																					
City/Town:											ıГ	Τ								Π						Τ		Π								
] _	•						•	•	•	•	•	•	•		•	•	•										
Stat	State: Zip Code:														I,give permission for my son/daughter																					
														to participate in Hearts for Youth programming. I																						
Pare	Parent/Guardian Name 1:														acknowledge that participation in these programs involves risk and injury, and I assume this risk. In consideration of this possibility, I herby consent to															ent to						
														any emergency transportation and treatment necessary in the event of illness or injury. I herby accept responsibility for the payment of any emergency														jency								
Dor															transportation or treatment. This program involves physical activity, and I further acknowledge that my child is fully capable of performing the														g the							
Pari	HT/	uua	ırula	an c	eli	PIIO	ne i	11	_	_	_	_	_			_	1 1	activities required. I agree to hold the Town/Village of Alexandria, Hearts for Youth and personnel harmless from and against any and all liability, loss,														ts for loss,				
																		da	damages, claims or actions (including costs and attorney fees) for bodily injury or property damage, to the extent permitted by law.																	
Par	arent/Guardian Name 2:																														rodi	etio	n hv			
													I also hereby consent to and authorize the use and reproduction by Hearts for Youth of any photographs taken of my child for the purposes of advertisement (e.g. publications, website, news, etc.) without any compensation to me or my child. All negatives, positives and digital images shall constitute the property of Hearts for Youth solely and completely. If																							
Describing Call Phone Co.																																				
Par	Parent/Guardian Cell Phone 2:																stitu OT c												nd c	omp	lete	ly. If				
																		_																		
Pare	Parent/Guardian Email Address:													(Signature Of Parent/Guardian) Date																						
											Ť		Ì					If you have any questions please call HFY at 482-9971 ext. 2130. Please return this slip to the school or mail it to PO Box 414, Alexandria Bay, NY 13607. Thank you for your help.																		