Student 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 Name:

First Name:

Date Of Birth: **Sex:**

Month Day Year Age Male Female

Ethnicity:

African American Asian Caucasian Spanish

Other_____

Street Address:

City/Town:

State: **Zip Code:**

Parent/Guardian Name 1:

Parent/Guardian Cell Phone 1:

Parent/Guardian Name 2:

Parent/Guardian Cell Phone 2:

Parent/Guardian Email Address:

MEDICAL INFORMATION

Medical Conditions/Allergies (If Any):

Prescriptions (If Any):

Name Of Insurance Company (If Any):

Insurance ID# (If Any):

Insurance Card Holder (If Any):

EMERGENCY CONTACT:

EMERGENCY CONTACT PHONE NUMBER:

I, _____give permission for my son/daughter

_____ to participate in Hearts for Youth programming. I acknowledge that participation in these programs involves risk and injury, and I assume this risk. In consideration of this possibility, I herby consent to any emergency transportation and treatment necessary in the event of illness or injury. I herby accept responsibility for the payment of any emergency transportation or treatment. This program involves physical activity, and I further acknowledge that my child is fully capable of performing the 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, damages, claims or actions (including costs and attorney fees) for bodily injury or property damage, to the extent permitted by law.

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 you DO NOT consent please send us a letter in writing.

_____ _____

(Signature Of Parent/Guardian) Date

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.*