



**Southern Colorado Community Action Agency, SoCoCAA.
2019-2020 Program Registration Form**

Student Name: _____ Age: _____ DOB: _____

School Name: _____ Gender (M/F): _____ Grade level in fall 2019: _____

Mark All That You Identify With: Southern Ute ___ White ___ Black ___ Other Native ___ Asian ___ Ethnicity: Hispanic Y / N

Tribal Affiliation (if applicable) _____

Phone Numbers to Reach Participant: Home Phone: _____ Student Cell: _____ Parent Cell: _____

Home Address (primary residence): _____

Email Address: _____

Preferred Method of Communication: Texts: _____ Email: _____ Phone Call: _____

Please Note Any Severe Allergies: _____ Epinephrine Pen: Y/N

*** We encourage you to find us on Facebook. "SoCoCAA Youths" ***

We post photos from activities, post upcoming events and is a great way to communicate with us! Let's be friends!

Parent/Guardian Name(s): _____

Parent Cell: _____ Work Phone: _____

Parent Email: _____

Emergency Contact (other than parent/guardian) : _____ Relation: _____ Phone Number: _____

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REGISTRATION INFORMATION

SoCoCAA Youth Services has a limited number of spaces available for every "off campus" event. Participants will be accepted on a **first come first serve** basis in the order in which their paperwork is received. A waiting list will be created for those youth interested in registering after the maximum quota is filled.

Individual event permission forms are required for all programs occurring outside of Ignacio.

Photography

Video and photographs will be taken during events; and will be shared on public forums and used for promotional purposes.

Policies and procedures

For all events occurring on school grounds the program will adhere to all district school-day and afterschool policies. Events occurring off of school grounds will adhere to SoCoCAAYouth Services policies and procedures. SoCoCAA Youth Services Policies and Procedures are available at the SoCoCAA administration building at 535 Candelaria.

Release of Information:

I (the undersigned) give my permission for the school/educational institution named above to release grades, transcripts, test scores, pertinent behavioral information, medical information, and any other relevant information to SoCoCAA Youth Services.

I understand that the information will be held strictly confidential.

By signing this registration packet I give the student named above permission to attend SoCoCAA Youth Services events. I agree that all information provided above and below is correct and complete. Signing below states that I have reviewed, understood, and accepted all information provided in this registration packet. **Furthermore, I agree to not hold the Southern Colorado Community Action Agency liable for any injuries or theft of personal belongings that occur during SoCoCAA events.**

Parent/Guardian Signature (or participant if 18 years old):

Sign: _____ Print: _____ Date: _____