



**Ignacio Youth Services  
Southern Colorado Community Action Agency, SoCoCAA.  
2023-2024 Program Registration Form**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_ Grade level in fall 2023: \_\_\_\_\_

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

Tribal Affiliation (if applicable) \_\_\_\_\_

Student Cell: \_\_\_\_\_ Student Email: \_\_\_\_\_

Home Address (primary residence): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address (please provide): \_\_\_\_\_

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): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent/Guardian Cell Number (s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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

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### REGISTRATION INFORMATION

SoCoCAA Ignacio 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 may be required for 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 SoCoCAA Ignacio Youth Services policies and procedures. SoCoCAA Ignacio 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 Ignacio 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 Ignacio 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: \_\_\_\_\_

## COVID—19 Regulations

Please review and initial below

I UNDERSTAND AND AGREE that the described activity and exposures connected with the activities conducted do involve risk including but not limited to contact with COVID-19 and other communicable diseases, and that I am cognizant of the risks and dangers inherent with these exposures, and that I and/or my family, including any minor children, are fully aware of the potential exposure while participating in the activities contracted for and willingly assume the risk of injury or sickness as my responsibility, whether they are obvious or not obvious.

INITIAL\_\_\_\_\_

I UNDERSTAND AND AGREE that Ignacio Youth Services has the right to require participants to wear masks during some programming. We will also be following state-wide, local and CDC restrictions. Masks will be provided to those who do not bring their own.

INITIAL\_\_\_\_\_

I UNDERSTAND AND AGREE that all participants may be screened by staff. This will include a series of questions (shortness of breath, sore throat, cough, muscle aches, chills) and a temperature check. If symptoms are detected, we reserve the right to administer an at-home COVID-19 test.

INITIAL\_\_\_\_\_