



Inspiring Community Connection  
Empowering – Engaging – Enriching

**PROGRAM REGISTRATION FORM**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (Print clearly): \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Any Medical Conditions/Special Needs/Allergies: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

List the name of each program for which you are registering:

Program 1: \_\_\_\_\_

Program 2: \_\_\_\_\_

Program 3: \_\_\_\_\_

*\*Please attach another form if necessary. This form may be copied*

*\*All programs are free to attend by our Youth in NEPA ages 12 – 19 years  
Before you hand in your Program Registration, please read and sign The Notice of Risk & Liability  
Release Form and the Photo and Media Release Form*



## NOTICE OF RISK & LIABILITY RELEASE

I hereby give permission for \_\_\_\_\_ to participate in Youth Infusion, Inc. program(s) and/or activities.

I recognize, understand and acknowledge that, as in all activities, there is always the inherent risk of injury up to and including death.

I recognize, understand and acknowledge that any and all rules, guidelines and safety procedures are established for the safety and protection of all participants and agree that my child(ren)/self will comply with all rules and policies involved with this program.

I recognize, understand and acknowledge that my child(ren)/self will be expected to abide by the established rules, guidelines and safety procedures and to obey the staff, assistants and all staff members assigned to direct this program.

I certify, to the best of my knowledge, that the current physical condition of my child(ren)/self is satisfactory for participation. I also certify, to the best of my knowledge, that my child(ren) is free of any health problems which would jeopardize participation. I will notify the staff immediately should the above condition change at any time during participation in the program, and that, upon request, I will furnish proof of current physical examination.

I recognize that failure to comply with the above-mentioned items could result in immediate suspension and/or dismissal from the program.

The staff and/or sponsors have my permission to have a physician and/or emergency medical service treat and/or transport my child(ren)/self, if needed, at any time during participation in the program(s) on the registration form.

In consideration of participation by my child(ren)/self in the program(s) on the registration form, I, the undersigned, do hereby agree to hold harmless and indemnify Youth Infusion, Inc., its agents, servants and employees against any claims for and on account of any and all injuries sustained by my child(ren)/self as a result of participation in the above-mentioned program, including, but not limited to, claims on account of any negligence by Youth Infusion, Inc. or any of its employees, agents or subcontractors.

Youth Infusion, Inc. has a zero tolerance policy with regards to the use of controlled substances, tobacco products, alcoholic beverages, weapons and vulgar language.



## PHOTO AND MEDIA RELEASE FORM

The staff and/or sponsors have my permission to use and publish photographs of my child(ren)/self in any and all of its publications, advertising and promotional materials through any type of media, whether printed, electronic or otherwise. I understand that these photographs and videos may be used in future promotional and marketing materials such as brochures, flyers, public press releases and Youth Infusion, Inc.'s website.

I hereby release, hold harmless and forever discharge Youth Infusion, Inc, its agents, successors and assigns, from all claims, demands and causes of action that I have or may have by reason of this authorization. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

I hereby authorize Youth Infusion, Inc. to edit, alter, copy, exhibit, publish or distribute these photographs and/or other media formats for purposes of marketing and advertising Youth Infusion, Inc.'s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, where my child(rens) likeness appears. .

I have read the Notice of Risk and Liability Release Form and Photo/Media Release Form before signing and I fully understand the terms.

Adult / Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult / Parent / Guardian Name (Printed): \_\_\_\_\_

(A parent or guardian must sign for anyone under 18 years of age)