

YOUTH SERVICES REGISTRATION FORM
Fall 2017

Parent/Payer's Information

Parent/Payer's Name	Home #	Cell #
Address	City/Zip	Email
Emergency Contact	Phone	Relationship to Participant
Do you require any special accommodations?		

Youth Programs	Participant(s) Name— fee is per participant	Grade	R/Fee	NR/Fee	Total
ACTtion Group			\$15	\$85	
Friendship Group			\$15	\$85	
7 Habits of Teens			\$15	\$35	
Test Taking and Study Skills			\$15	\$30	

Experiential Programming has separate registration forms.

Parenting/Adult Programs	Participant(s) Name	Childcare	Age(s)	R/Fee	NR/Fee	Total
Parenting the Anxious Child		Y/N		\$15*	\$45*	
Parenting the ADHD Child		Y/N		\$15*	\$55*	
Wee Sing and Sign Class				Free	Free	
WeeMove Class				Free	Free	
Youth Mental Health First Aid				\$30	\$30	

Adult Workshops (Free)	Participant(s) Name	Childcare	Age(s)
Why Won't My Child Sleep		Y/N	
Raising Boy Readers			
The 7 Principles			
School Refusal			

Make Checks payable to: **Warren Township**
 Mail or Drop Off: Warren Township Youth Services
 100 S. Greenleaf Street
 Gurnee, IL 60031

Total Amount \$

Check # _____

Scholarships available for residents only. Call 847-244-1101 ext. *401.
 *Fee per couple

FOR OFFICE USE ONLY		
Date Recvd _____	Revd By _____	Amt Recvd \$ _____

Please complete the back side for the Youth Programs

Please complete this for the ACTION, Test Taking/Study Skills, Friendship, or 7 Habits

Student Questionnaire

All information is confidential

List all current and past health challenges/injuries/operation/diagnoses:

List any allergies your child has:

List any medications your child is currently taking:

List desired benefits and outcomes from your child's participation in this program:

Please share any other information you think might be helpful for me to know in order to create the most positive experience for your child:

Liability Release

In exchange for permission for me and/or my child to participate in the Youth Programs or Classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Youth Program Teacher, any related associations, Warren Township and its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person, or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in the Youth Programs or Classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the Youth Programs or Classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Youth Programs or Classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Child's Name (print): _____

Parent/Guardian Signature: _____ Date: _____