

## TODOS JUNTOS REGISTRATION

### **Registration Options:**

Drop off the completed registration form at the Molalla River Middle School main office.

### **Attendance:**

Only registered youth may participate in the program(s). There are no drop-ins allowed.

All students will be accounted for and not be able to leave early without parent/guardian signing them out.

### **Behavioral Expectations:**

Classes and activities offered through Todos Juntos/ PreventNet Site, are considered to be an extended day at (type in your school) School. Therefore, all school rules apply and consequences for inappropriate behavior will be the same as during school hours.

## **Molalla Summer Program 2017**

Student Name: \_\_\_\_\_

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to youth: \_\_\_\_\_ Phone \_\_\_\_\_

Age of youth & grade: \_\_\_\_\_

Conditions/Allergies/Medications: \_\_\_\_\_

**Permission to photograph:** In the event that this activity is photographed or videotaped by Todos Juntos employees or school personnel I (**check one**)  **give** or  **do not give**, my permission for my child's picture or video to be used in brochures, bulletin board, or company website.

I authorize Todos Juntos to exchange information with the school staff, and with the program funder, Clackamas County Children, Youth, & Family Division and United Way for case-coordination and auditing purposes. I understand that in event emergency medical treatment is required every effort will be made to contact me and/or emergency contact. However, if I cannot be reached, I authorize the employees and/or agents of Todos Juntos to obtain emergency transportation, medical, surgical, or dental treatment and care that is deemed necessary for my child in the event of an accident or sudden illness during after-school activities. I hereby release and discharge Todos Juntos, and its agents, employees, and representatives from any and all liability or claims for personal injuries and know that I am solely responsible for the payment of treatment and/or care services, should they be necessary.

By signing below, I authorize the release of information and medical release as specified above; I hold harmless Todos Juntos, its agents, employees, and representatives against any claim or liability; and give my student permission to participate in the activities specified on this form.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_