



2025 Summer Youth Program

Registration

Date: _____	Gender: Male <input type="checkbox"/> :	Female: <input type="checkbox"/>
Child's Name: _____	Age: _____	Grade: 23/24 _____
Mailing Address: _____	Physical Address: _____	
Parent/Guardian Name: _____	Cell #: _____	Work #: _____
Emergency Contact: _____	Cell #: _____	Work #: _____
Does your Child have Allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list all allergies: _____		
Does your Child take routine medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please list all medications: _____		

Parent/Guardian must sign both pages of this registration form prior to registration being accepted.

I hereby give permission to Summer Youth Program (SYP) to transport the child named above to and from program activities as deemed appropriate by SYP coordinators. Rules for all children attending SYP are the same for everyone. I understand that all children will be treated as individuals and respect will be given. I agree that the Summer Youth Program reserves the right to dismiss my child from the program for poor conduct and/or behavior without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the program.

I agree to following policies regarding camp fees: The cost for a child to attend is \$25.00. If there are more children from the same family, there will be an added charge of \$10.00 for every additional child attending. No refunds are given if a child leaves early due to sickness or personal commitments. Summer Youth Program staff's workday starts at 8:30am and ends at 5:00pm. Any child picked up after 5:25pm will be charged an additional \$5.00 per child. If this occurs (3) times, your child(s) may be subject to dismissal from SYP.

Due to accounts not being paid in previous years, you must pre-pay in order for your child to attend. A receipt with the amount paid is used as your child's admission ticket.

_____(Initial) The Summer Youth Program has my permission to use photographs taken of my child while at Summer Youth Program for promotional purposes.

I _____ (Parent/Guardian) have read and agreed to all of the conditions of the registration.

Parent/Guardian Name	Signature	Date
Child ____ of ____ (Family)	Liability Received:	Sponsored by:
Staff Initials:	Registration Paid \$	Receipt #:



2025 Summer Youth Program

Release of Liability Agreement

I, the undersigned, hereby request that I am the Custodial Parent/Legal Guardian of _____.
I hereby give my permission for the above-named child to participate in the City of Utqiagvik Summer Youth Program and all activities related to the program.

I understand the risks related to participation in sports activities and assume any and all of the risks of participation in the program including, but not limited to property damage, injury, or even death.

Participation in this program and the use of transportation to and from the program facilities is completely voluntary and I therefore agree to hold harmless the City of Utqiagvik, its elected and appointed officials, employees and volunteers against any and all liabilities, claims, demands, lawsuits, or losses, arising out of or in any way connected or associated with this agreement.

Medical Authorization

Further, I the parent/legal guardian authorize to the City of Utqiagvik Summer Youth Program to provide emergency treatment for any injury of illness my child may experience during participation in the program. I consent to any and all treatment deemed necessary by qualified medical personnel. The authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Printed Name of Parent/Guardian

Signature

Date

FOR OFFICIAL USE ONLY

Registration Received		Fees Paid	
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