



NOVI YOUTH ASSISTANCE
SUMMER TEEN CENTER

STUDENT INFORMATION SHEET

Name (last, first): _____ Nickname (if any): _____

Date of Birth: _____ Grade: _____ School: _____

Does your child have any allergies? Please list allergies/type of reactions/treatments.

Does your child have any medical conditions? Please list condition and needed treatment.

Is there any other information about your child that would be helpful for Teen Center staff to know, including any special needs or behavioral concerns?

Including the parent/guardian(s), please list the people that your child may be released to, and check the contact(s) who are permitted to be contacted in case of emergency.

| Emergency Contact? | Contact Name | Relationship to Student | Contact Phone Number |
|--------------------------|--------------|-------------------------|----------------------|
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |

I certify that the information that I have provided is accurate, to the best of my knowledge. I agree to inform NYA of any changes to the information that I have provided.

Parent/Guardian Signature: _____ Date: _____



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Parent/Guardian Consent and Release

Child Name: _____

I grant permission for my child to participate in all Novi Youth Assistance (NYA) Jeanne Clarke Summer Teen Center events and activities, including assessment surveys and field trips outside of the program space. I understand that field trips and activities listed at registration are subject to change due to weather, scheduling conflicts, or other reasons. I understand that photos, recordings, and/or videos may be taken during program, and I hereby authorize NYA to use any such photos, recordings, and/or videos for internal and/or promotional purposes. NYA staff and volunteers are authorized to consent to emergency medical treatment of my child if the need arises while the child is in the program. I agree to pay all costs incurred to provide such medical care. I have listed all important medical information relating to this child on the Student Information Sheet. I understand that NYA, its board members, officers, representatives, sponsors, and employees, whether voluntary or employed, assume no responsibility whatsoever for any injury suffered by or medical emergency occurring to my child in the course of the Summer Teen Center program. On behalf of myself and this child and to the full extent permitted by law, I hereby release, exonerate, and discharge NYA, its board members, officers, representatives, sponsors, and employees, whether voluntary or employed, from any and all liability, damages, actions or courses of action for any injuries suffered by or medical emergency occurring to my child while enrolled in the Summer Teen Center.

Parent/Guardian Signature: _____ Date: _____

Child Self Sign-In/Sign-Out Agreement

Child Name: _____

By signing below, I grant permission for my child to sign themselves in to and out of the Teen Center program and acknowledge that Novi Youth Assistance, its board members, officers, representatives, sponsors, and employees, whether voluntary or employed, assume no responsibility whatsoever for a child before he/she was signed in or after he/she was signed out of the Teen Center program.

Parent/Guardian Signature: _____ Date: _____

Parent Information Packet Acknowledgement

I have received, read, and understand the policies and procedures of the Novi Youth Assistance Jeanne Clarke Summer Teen Center outlined in the Parent Information Packet.

Parent/Guardian Signature: _____ Date: _____