



# PARTICIPANT REGISTRATION FORM

166 Eddy Street, San Francisco, CA 94102 | P: 415.771.2600 | www.vydc.org

Empowering Youth. Transforming Lives.

## PARTICIPANT INFORMATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1) First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  other: \_\_\_\_\_  Decline to state

Current/Last School Attended: \_\_\_\_\_ Current/Last Grade: \_\_\_\_\_

2) Check all that apply to you:

Public School  Homeless  Cal Works  Single Parent Household

Public Housing  In Foster Care  Teen Parent  TANF Program

3) How would you rate your English fluency:  Fluent  Some what fluent  Not fluent

4) Where were you born? \_\_\_\_\_

5) What language do you speak mostly at home? \_\_\_\_\_

6) How many people are living in your household? \_\_\_\_\_ Number of Siblings: \_\_\_\_\_

7) Do you currently receive free or reduced lunch at school?  Yes  No  Not Applicable

8) Do you need physical or learning accommodations to participate in our program?  Yes  No

If yes, what accommodations do you need? : \_\_\_\_\_

9) I'm interested in the following (check all that apply to you):

Educational Support  One-on-One Counseling  Employment Services/Get a job

Leadership Skill-Building  Volunteering  Making Healthy Choices

Other (Specify): \_\_\_\_\_

## RACE/ETHNICITY (Please select one)

- African American  Asian-Chinese  Asian-Filipino  Asian-Indian  Asian-Japanese  Asian-Korean  
 Asian-Laotian  Asian (specify): \_\_\_\_\_  Asian-Thai  Asian-Vietnamese  Decline to state  
 Hispanic/Latino-Caribbean  Hispanic/Latino-Central American  Hispanic/Latino- Mexican/Mexi  
 Other Hispanic/Latino (specify): \_\_\_\_\_  Hispanic/Latino-South American  Middle Eastern-Arab  
 Middle Eastern-Iranian  Middle Eastern-Other (Specify): \_\_\_\_\_  Multiracial/Multiethnic  Native Alaskan  
 Native American  Other (specify): \_\_\_\_\_  Other Black (specify): \_\_\_\_\_  
 Pacific Islander- Guamanian  Pacific Islander- Hawaiian  Pacific Islander- Other (Specify): \_\_\_\_\_  
 Pacific Islander- Samoan  Pacific Islander- Tongan  White

## FOR STAFF USE ONLY

Participant enrolled in the following program (s):

- I. **Academic Support:**  Tutoring/homework assistance
- II. **Health & Wellness:**  Case Management  Health Education
- III. **Leadership Development:**  Community-building internship
- IV. **Employment Services:**  Jobs for high school youth  Job-Readiness Training for 17-24 years old & 18+
- V. **Other (Specify):** \_\_\_\_\_

**WAIVER & PERMISSION TO TREAT A PARTICIPANT FORM**

**Participant's Name:** \_\_\_\_\_

**Medical Emergency Release:** In an event my child or I experience an accident, injury or medical emergency while participating in an activity or service of VYDC, I give VYDC staff and/or medical personnel my permission to seek medical treatment for my child or myself and disclose the following information below. I would like my child to be taken to an Emergency Department and the following physician to be notified.

Please indicate any illness, allergies or medications to be aware of: \_\_\_\_\_

Facility/Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY INFORMATION**

**Parent/Guardian Contact:**

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**Contact other than Parents:**

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

Relationship to participant: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**Media Release:** While my child participates at the Vietnamese Youth Development Center, I understand that VYDC regularly takes pictures and video of program activities. Some of these pictures and video will be used as agency information through newsletters, our website, agency brochures, displays, etc. I am authorizing VYDC to use any pictures or video that may include my child's photo, as well as any captions or names associated with the activity. VYDC regrets that it cannot offer financial compensation for use of these photos.

Yes, I give consent       No, I do not give consent

**Survey Participation:** Your child may be asked to fill our surveys and participated in discussions about their experiences with the Vietnamese Youth Development Center program. I agree to allow the evaluators to look at my child's surveys only for the purposes of evaluation. All information will be confidential and your child's name will not be used.

**Permission to Participate in Activities:** You are aware of and consent to your child's participation in the after school program and activities, including occasional trips and outings to neighborhood parks, museums, and community agencies in the city. However, for trips and events outside of San Francisco, we would require a parental consent form for your child to attend and participate in those activities. The program may also contact you regarding your child's participation.

**Claim of Liability:** I, the undersigned, know of no physical disorder that could keep my child or ward from participating in this program. I waive any claim of liability against, and agree to hold harmless of the Vietnamese Youth Development Center (VYDC), any agent and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by VYDC.

X \_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Print Name of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Participant (if over 18 years of age) Sign Below:**

X \_\_\_\_\_

**Date** \_\_\_\_\_