

SAZ Program Director

Forrest Carter Jr.

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Office (603) 474-3332

SAZ Cell (603) 997-9760

\*Text and Voicemail checked regularly



SAZ Site-Coordinator

Brittney Gentile

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# SAZ 2018-2019 ANNUAL REGISTRATION FORM

Youth Name: \_\_\_\_\_ Date of Birth: / / Age: \_\_\_ Grade: \_\_\_ Male / Female (circle)

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ (Please Write Clearly)

Race: (circle) White, Black, Alaskan/American Indian, Asian, Hawaiian/Pacific Island, White & Black, Other

T-Shirt Size (Circle 1): AXS AS AM AL AXL AXXL AXXXL Other: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Address/Phone (s)/Email if different: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Address/Phone (s)/Email if different: \_\_\_\_\_

## DAYS REGISTERED & ATTENDING SAZ

(Circle All Days Registered & Attending SAZ)

*\*Students attending on days UNREGISTERED without notice will be sent home on the bus*

**M**

**T**

**W**

**R**

**F**

## EMERGENCY CONTACTS & ALTERNATE PICK-UP

Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

X (Initial) \_\_\_\_\_ I give permission for this contact to pick-up my child in case of emergency or as an alternate pick-up.

Name: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

X (Initial) \_\_\_\_\_ I give permission for this contact to pick-up my child in case of emergency or as an alternate pick-up.

## ALLERGIES & MEDICATION

Please List ALL Allergies: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please List ALL Medications: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

X (Initial) \_\_\_\_\_ I understand that it is the policy of the Seabrook Adventure Zone that prescription medication is NOT distributed by SAZ staff or volunteers to participants. If medication is needed during program hours, it must be administered by the participant or responsible party.

X (Initial) \_\_\_\_\_ I give permission for a 1st Aid/CPR certified SAZ staff member to administer ibuprofen or aspirin to my child as needed.

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## SAZ 2018-2019 ANNUAL REGISTRATION FORM

**Please take the time to sit with your child and answer the following questions...**

1. What are three goals you have for the 2018/2019 school year? (These can be school or non school related).

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

2. What do you need to reach these goals? From SAZ? From yourself? Who can help you?

\_\_\_\_\_

\_\_\_\_\_

3. What are some steps you might need to take to reach these goals? (Think breaking your goals into smaller pieces)

\_\_\_\_\_

\_\_\_\_\_

### For the Parents....

1. What do you want from SAZ? Fun? Academics? We need your input!

\_\_\_\_\_

\_\_\_\_\_

### For the Participants...

1. What do you want from SAZ? Homework help? What types of programs? We want to hear your ideas!

\_\_\_\_\_

X \_\_\_\_\_ I give permission for the receipt and release of information, including academic performance through JUPITER grades, from/to SAZ, including but not limited to SAZ facilitators, school officials, and medical practitioners assisting in serving my child for the purpose of academic and social achievement.

X \_\_\_\_\_ In the event of an emergency SYS/SAZ will attempt to contact me prior to any medical treatment. I give permission for my child to receive emergency medical treatment, including the use of anesthesia, as recommended by medical practitioners.

X \_\_\_\_\_ I give permission for my child to be transported by SAZ, including their contracted providers, to/from program activities and/or home as needed.

X \_\_\_\_\_ I give permission for the use of various media representations of my child, including photo, audio, video and written, for education, outreach and recognition purposes.

X \_\_\_\_\_ I give permission for my child to watch PG-13 movies.

X \_\_\_\_\_ I have read and agree to the SAZ Student/Parent Handbook Guidelines as are outlined in the SAZ Student/Parent Handbook.

X \_\_\_\_\_ I give permission for my child to WALK HOME from the Seabrook Adventure Zone.

*The Seabrook Adventure Zone has a partnership with 4-H through UNH Cooperative Extension. All children are enrolled in 4-H and will receive information regarding available youth development activities.*

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date