



School: _____
Grade as of 9/21 _____

Start Date: _____

THOMAS M. ROACH
Mayor

YOUTH BUREAU
OFFICE OF THE MAYOR
11 Amherst Place • White Plains, NY 10601
(914) 422-1378 • Fax (914) 422-6489

Frank Williams
Exec. Director

Bhavana Pahwa, LCSW-R, PhD
Deputy Director

HEALTHY & FIT FOR LIFE PROGRAM REGISTRATION FORM

SELECT:

- KARATE (Beginner) – 4:00pm – 5:00pm (Must attend Wednesday & Friday)**
- KARATE (Advanced) – 5:00pm – 6:00pm (Must attend Wednesday & Friday)**
- BOXING (Mondays, Tuesdays, Thursdays: 4:00pm – 8:00pm)**
- PERSONAL TRAINING (Mondays, Tuesdays, Thursdays: 3:30pm – 8:00pm)**

Child's name _____ Date of birth _____

Race _____ Sex _____ Age _____ Home phone _____

Home address _____ Apt.# _____ Zip _____

Name of Parents or Guardians:

Mother: _____ Father: _____

Mother's work number: _____ Mother's cell phone: _____

Mother's employer: _____ e-mail _____

Father's work number: _____ Father's cell: _____

Father's employer: _____ e-mail _____

Mandatory: contact person other than self: In case of emergency, please notify:

Name _____

Phone _____ Relationship to child _____

Other names & #'s to call: _____ Relationship to child _____

Physician's name _____ Phone _____

Address _____

RELEASE OF LIABILITY

In consideration of your acceptance of my child or minor in my legal custody, (print name) _____, and their participation in the Healthy & Fit For Life, I hereby waive and release any and all claims for myself, for my child, or minor in my legal custody against the City of White Plains and the City of White Plains School District, or the officers, employees, agents, volunteers or other representatives of either of them, or any persons working under either of their direction or engaged in the conduct of either of their affairs, arising out of any accident, illness, injury, damages or loss or harm to/or incurred or suffered by my child or minor in my legal custody, or to his or her property resulting from the participation of my child or minor in my legal custody in the **Youth Bureau Program**.

Signature of parent or legal guardian

Date

MEDICAL HISTORY (Physician's medical report also required)

Child's name _____ Date of birth _____ Sex _____
Name of parent or guardian _____ Phone# _____

Is child's health generally good? _____ If not, describe according to chart:

Is child subject to:	ALLERGIES	HISTORY OF ILLNESS
Sinus trouble _____	Poison ivy _____	Chicken pox _____
Ear infection _____	Insect bites _____	Measles _____
Convulsions _____	Food _____	German measles _____
A.D.D./Hyper _____	Drugs _____	Mumps _____
Fainting spells _____	Hay fever _____	Rheumatic fever _____
Other _____	Other _____	Asthma _____

Is your child designated through the Committee on Special Education?

Is your child on any medications?

Are there any other health conditions for which your child is currently being treated by a physician?

Please list any other conditions or health problems of which we should be aware and include those that may limit your child's participation in activities:

PARENTS MUST NOTIFY THE AFTER SCHOOL CENTER/ YOUTH BUREAU IF THERE HAS BEEN EXPOSURE TO A COMMUNICABLE DISEASE PRIOR TO YOUR CHILD'S ADMISSION.

Restrictions: _____

Signature of parent/guardian _____ **Date** _____

HOSPITAL RELEASE FORM/PERMISSION SLIP

Name of emergency contact person:

Phone # _____ Doctor's name _____ Phone # _____

Parent's work phones: Mother _____ Father _____

In the event of an emergency, I _____ grant the After School Center Program staff permission to take my child _____ to a hospital for any necessary medical attention.

Hospitalization Insurance Co.

Identification Number

Parent/guardian signature _____ **Date** _____

PHOTO/VIDEO RELEASE

I, _____, as parent/guardian, hereby consent that the City of White Plains may videotape/photograph my child _____ and use the images/audio/ for publication/broadcast/website. I waive any claim I might have against the City of White Plains Youth Bureau arising from the use of such images/audio within or without the City or another media _____ (initial here).



WANTED!



A LITTLE BIT OF YOUR TIME

GIVE A LITTLE-GET A LOT!

Benefits of Parent Involvement:

Higher grades, test scores, graduation rates

Better school attendance

Increased motivation, better self-esteem

Lower rates of suspension

Decreased use of drugs and alcohol

Fewer instances of violent behavior

Greater enrollment in post secondary education

Communication/relations with students, parents, families and communities improves,

Community support of schools increases

Communication/relations with children and teachers improves

PARENTS:

THE KEY TO A CHILD'S POSITIVE DEVELOPMENT

There are many ways that you can stay connected with your child during the day. Think about the ways that you can be involved and that would fit into your schedule from some suggestions given below.

Please check off some ways in which you would like to help.

- | | | |
|--|---|---|
| <input type="checkbox"/> send supplies when needed | <input type="checkbox"/> provide food items | <input type="checkbox"/> volunteer time |
| <input type="checkbox"/> attend parent meetings | <input type="checkbox"/> share a talent | <input type="checkbox"/> be a guest speaker |

THANK YOU FOR YOUR HELP!

Please return this form to the Front Desk at the Youth Bureau.

Child's Name _____

Parent/Guardian name: _____

Phone number: _____ (H) _____ (C) _____ (W)

Email Address: _____