



Youth Guidance Child Information Sheet

Child's Name: \_\_\_\_\_

Male  Female DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Race: \_\_\_\_\_

Lunch:  Free/Reduced  Full Price Lunch

\*Any Special Info (Medical, Allergies, Academic, Emotional, or Mental):

\_\_\_\_\_

Youth Guidance Parent Information Sheet

Parent/Guardian: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Current Status:      Married      Single      Divorced

How did you hear about us? :

- |  |  |
|--|--|
| <input type="checkbox"/> Social Media                    | <input type="checkbox"/> Print (News Paper, Magazine, Flyer, etc.) |
| <input type="checkbox"/> Online Ad                       | <input type="checkbox"/> Event                                     |
| <input type="checkbox"/> Family/Friend/Colleague/ School | <input type="checkbox"/> Google Search                             |
| <input type="checkbox"/> Radio                           | <input type="checkbox"/> Other (Please Specify): _____             |



## PHOTO RELEASE

Date \_\_\_\_\_

**I, the undersigned, hereby grant permission to YOUTH GUIDANCE, UNITED WAY, INDIAN RIVER COUNTY AND OTHER GROUPS INVOLVED WITH YOUTH GUIDANCE to photograph my child \_\_\_\_\_ and to record his/her voice, performances, poses, acts, plays and appearances, and use his/her picture, photograph, silhouette and other reproductions of his/her physical likeness and sound and allow the unlimited distribution, advertising, promotion, exhibition and exploitation of these images by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and/or exhibited and/or exploited.**

I agree that I will not assert or maintain against Youth Guidance, United Way, Indian River County and other groups involved with Youth Guidance, their successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with the authorized use of my physical likeness and sound in the Picture as herein provided. I hereby release Youth Guidance, United Way, Indian River County and other groups involved with Youth Guidance, their successors, assigns and licensees, and each of them, from and against any and all claims, liabilities, demands, actions, causes of action(s), costs and expenses whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of the use of any images as herein provided.

**I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.**

Parent/Guardian Name:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_



In the interest of \_\_\_\_\_, a child

This gives my permission for the above-mentioned child to be involved in the Youth Guidance Academy Program of Indian River County.

Permission is also given to the Youth Guidance Mentoring Academy Program and to the volunteers to transport my child to and from school, recreational activities, etc. I release the Youth Guidance Mentoring Academy Program and its volunteers for any liability that may occur while my child participates in any Youth Guidance activity or personal activity with volunteer(s), employees, or board members. If my child shall need any emergency medical treatment while in the volunteer's care, this is my authorization for such treatment (if I cannot be reached). This is also my authorization to the attending physician and emergency care facility. I assume the expense of any medical care.

This is also the authorization of the child and parent/guardian for you to provide the Youth Guidance Mentoring Academy Program full particulars regarding the child's mental and/or psychological and psychiatric history and any other pertinent information requested.

Further, this authorizes all agencies that are involved with the child to release all information to the Youth Guidance Mentoring & Activities Program

A Photostat of this authorization shall be as valid as the original. Information learned by the volunteer will be held in strictest confidence unless otherwise ordered or release has been signed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian