



Emergency Contact Form

Youth & Teen Center
1150 Canton Center Rd.
Canton, MI 48188
734/398-5570 cantonfun.org

Please print clearly. Both page 1 and page 2 of this form must be completed.

Participant Name: _____ Date of Birth: _____

Preferred Name: _____ Parent/Guardian Email: _____

Parent/Guardian Name(s): _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In case of emergency contact: _____

Home Phone: _____ Cell Phone: _____ Relation: _____

Permission for participants to check themselves in and out of After School program and all B.L.O.C.K. functions:

My child has my permission to sign him/herself in and out at the beginning, and at the end of the After School program and all other B.L.O.C.K. functions. I understand that Leisure Services staff will not be responsible for my child and any other children I have taken responsibility for once they sign out and separate themselves from Leisure Services staff.

- Yes, I give my permission.**
- No, someone will come in the building & sign my child out daily.**

Signature: _____ Date: _____

Permission to Administer Questionnaires to Participants:

I hereby give Canton Township my permission to administer questionnaires to my child for the purposes of improving future programs. I understand that the information collected from my child will remain anonymous and that my child's identity will not be revealed in relationship to the survey.

- Yes, I give my permission.**
- No, do not administer questionnaires to my child.**

Signature: _____ Date: _____

Permission to Record and Photograph Child Participating in Activities:

I hereby release to Canton Township rights to my child's image, likeness, and the sound of his/her voice as recorded or photographed. I understand this recording or photograph may be edited and placed in publications, and thereafter the recording or photograph may be otherwise available. I agree to release, discharge, and save harmless Canton Township, including its representatives or designees, from any legal proceedings which may arise in relation to the conditions of the above paragraph.

- Yes, I give my permission.**
- No, do not record or photograph my child.**

Signature: _____ Date: _____

Waiver of Liability & Permission for Medical Consent:

In consideration of Canton Township permitting my child to participate in and providing transportation to and from said events, I hereby for myself, my child, my heirs, administration and assigns, waive & release any and all rights and claims for damages I may have against Canton Township, its personnel and any other organizations connected with this event, their successors, and assigns for any and all injuries which my child may suffer while taking part in any activities connected with this event. In case of injury, and I am unable to be contacted by your staff, I give my consent to have medical treatment administered to my child if deemed necessary by a physician.

Signature: _____ Date: _____

Please add any information regarding health conditions, allergies, or anything staff should be aware of. The more information we have, the better we can help your child.

Please list any additional emergency contacts.

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

For grant funding purposes, what is the total household income:

\$0-\$10,000

\$10,000-\$25,000

— \$25,000-\$50,000

More than \$50,000

By checking "yes", I certify that the information contained in this application is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of Acceptance. Yes No

Parent/Guardian Signature: _____

Date: _____



Return form to: B.L.O.C.K. Youth & Teen Center
1150 Canton Center Rd. Canton, MI 48188
or
theblock@canton-mi.org