

Summer Life 2011

June 13- July 21

Monday–Thursday 8 a.m. to 5:30 p.m.

(Closed July 4th– July 7th)

****Please remember to pack your own lunch each day**

**Rising 6th-9th
Grade Only!**

“If you had fun, you won!”

Summer Life Activities

- **Swimming**
- **Sports**
- **Maverick Farms**
- **Arts and Crafts**
- **Cooking**
- **Field Trips**
- **Tubing on the River**
- **High and Low Ropes**
- **Caving**
- **Teambuilding Games**



Summer Life 2011 Registration Worksheet

Please Check The Weeks You Plan To Attend:

Program open Mon-Thurs only.

- Week One - June 13-16**
- Week Two - June 20-23**
- Week Three - June 27-June30**
CLOSED July 4- July 7
- Week Four - July 11-July 14**
- Week Five - July 18-21**

Please Check the Appropriate Fee Scale:

- \$60.00 per week Standard Fee**
- \$40.00 per week (if eligible for reduced school lunch)**
- \$20.00 per week (if eligible for free school lunch)**
- Need Full Scholarship (Complete application)**

TOTAL: Add all registered weeks: \$_____

Will your child need morning or evening transportation?

Morning? YES or NO

Evening? YES or NO

Contact Phone Number:





155 WYN Way • Boone, NC 28607
(828) 264-5174 • Fax (828) 264-0838
westernyouthnetwork.org

PROGRAM ENROLLMENT FORM: AFTER SCHOOL AND SUMMER

(Please Return this form to WYN Staff.)

Participant/Child's Name (full legal name): _____
Nickname or name he/she prefers to be called: _____
Participant Address: _____
Present School: _____ Grade: _____
Date of Birth: _____ Social Security or NCWISE: _____

Please Circle the Days of the Week Your Child will be attending:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Please Check Appropriate Fee Scale:

- ___ Full Scholarship (Complete last page of this packet)
- ___ Standard Fee \$4.00 per day or \$20 weekly
- ___ Reduced Fee \$3.00 per day (Families eligible for Reduced Lunch at school)
- ___ \$1.00 per day (Families eligible for Free Lunch)

Mother's Name _____ Home Phone _____
Address _____
Where Employed _____ Business Phone _____

Father's Name _____ Home Phone _____
Address _____
Where Employed _____ Business Phone _____

If child is not living at home of parents, name of legal guardian: _____
Address _____
Where Employed _____ Home Phone _____
Business Phone _____

If you cannot be reached, please provide the names and phone numbers of persons to whom the child can be released:
Name: _____ Relationship: _____ Phone: _____

WYN Staff Use Only	
Application Reviewed by:	Date:
Programs Offered:	
Date of Intake as Required:	

Release of Information/Confidentiality

The purpose of this release is to allow WYN and/or approved mentors to gather any pertinent information concerning the progress of the above youth while enrolled in WYN program(s). This information will be held in the strictest confidence and will be available only to approved staff.

I, _____, the parent/guardian of the above child, do allow any information required by WYN programs to better evaluate the progress of my child while in the program, be made available to them. This is to include grades, information from juvenile court, teachers, counselors, mental health, DSS, and professionals who may have information pertinent to the child.
INITIAL HERE IF GIVING CONSENT: _____

Authorization to Serve and Transport

I, _____ willingly give my permission for my child, _____, to participate in activities and programs offered by Watauga Youth Network (WYN). I additionally give permission for WYN staff, interns, and volunteers to transport members of my family in connection with their participation in the program.

I understand that my family’s participation in WYN program is voluntary. I may notify WYN staff at any time that I desire to discontinue services to my child. I understand that I may contact WYN staff at any time that I desire to discontinue services to my child. I understand that I may contact WYN staff for further clarification or negotiation if I have any problems with the service.

INITIAL HERE IF GIVING CONSENT: _____

Informed Consent to be Videotaped and Recorded

I, _____, hereby fully grant permission for WYN to produce or utilize any media including: photographs, films, visual recorders, or written accounts of statements made by me or my child/ren for the use of any or all activities including reporting, filing, recording, news events, publicity, productions, campaigns, advertising, or promotions associated with and authorized by WYN.
INITIAL HERE IF GIVING CONSENT: _____

Revocation

I understand that I have the right to revoke this authorization or parts thereof at any time. If I choose to revoke this authorization, I must do so in writing. A diagonal line will be drawn through the authorization with the words “revoked” written across it and it will remain a permanent part of my child’s file.

Notice of Voluntariness

I understand that I may refuse to sign this authorization form. If I choose not to sign it, I understand that WYN cannot deny or refuse services.

Consumer/Client Handbook

I have received and understand the Consumer/Client Handbook. INITIAL HERE: _____
Name of Participant/Child: _____
Parent/ Guardian Name (Please Print): _____
Parent/Guardian Signature: _____ Date: _____
Witness Signature (as required) : _____ Date: _____



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MEDICAL RELEASE

Participant Name: _____ Nickname: _____
Date of Birth: _____ Age: _____ [Male] [Female]
Address: _____
Home Phone: _____ Work Phone: _____ Other: _____
Person to Contact in case of emergency: Name _____
Relationship: _____ Phone: (H) _____ (W) _____

Do you have any medical condition which would preclude you from participating in any of the activities led by WYN Staff? [Yes] [No]

If yes, explain and state which activities are prohibited: _____

Allergies or Dietary Restrictions (i.e. benadryl or epinephrine): _____

Current Medications (additional authorization will be needed to administer medication during program hours)

Chronic or Recurring medical conditions: _____

Suggestions or Health Related Information for WYN Personnel: _____

Name of Medical / Hospital Insurance: _____
Policy #: _____
Medicaid [Yes] [No] Medicaid Number: _____

Preferred Physician: _____ Phone: _____
Preferred Hospital: _____

The information provided on this form is true and complete to the best of my knowledge. I understand and assume all dangers and risks associated with Western Youth Network (WYN) programs and waive all claims or causes of action arising from my or my son/ daughter's participation in the Western Youth Network and do hereby release the Western Youth Network, all persons, and agents from liability which I may ever have against WYN. I hereby give permission for WYN staff to administer First Aid to the extent of their medical scope of practice and/or refer the above name participant for medical care if needed. My child may freely participate in any or all of WYN's activities except as noted above.

Parent/Guardian Signature: _____ **Date:** _____
Witness: _____ **Date:** _____