



YOUTH PROGRAM INTAKE/PERMISSION FORM

Program: Good Grades & Games Study Friends Computer Confidence Summer Program

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone # _____ Secondary Phone # _____

Youth Name: _____

Date of Birth: _____ Grade: _____ Gender: Male Female

School Attending: _____ Teacher: _____

Allergies/Health/Diet Concerns/Disabilities: _____

EMERGENCY CONTACTS:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

People authorized to pick up child: _____

My child has permission to walk home alone: YES NO

Does your child qualify for free or reduce lunch program? YES NO

Ethnicity: African American Native American Latino Caucasian African Somali Asian American Multi Cultural

Registration is not complete until the permission form is read, signed, & is contingent on available space in the selected program.

CONSENT TO PARTICIPATE IN YOUTH PROGRAM

Parent/Guardian Consent Permission Agreement:

1. I grant permission for my child:
 - to participate in all activities of Youth Program
 - to participate in program field trips under proper supervision
 - to ride in vehicles of authorized staff for program activities
 - to be interviewed or photographed and to take part in promotional and public relations activities
2. I hereby authorize the N.I.P. staff to give my child reasonable first aid and to transport my child to a health care facility for emergency services as needed.
3. I release N.I.P., its employees, and volunteers from any and all liability.

I have read the above terms and agree to them while my child is a participant of the Neighborhood Involvement Program

Signature of Parent/Guardian: _____ Date: _____



Consent to release private data to Neighborhood Involvement Program (N.I.P.) Youth Programs

Student's full name: _____
Last First MI

Date of Birth: ____/____/____ Gender: Male Female

First Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone # _____ Secondary Phone # _____

Second Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone # _____ Secondary Phone # _____

I authorize:
School name _____ District #: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone #: _____

- I authorize the following information to be released:
- _____ Official School Records (name, address, birth date, sex, attendance record, grade level, grades, class rank, standardized group test results, discipline records)
 - _____ Teacher, Counselor, and Staff Observations

To be released to: Neighborhood Involvement Program
Youth Programs
3333 North 4th Street
Minneapolis, MN 55412
Phone: 612-276-1522

This form does not authorize the school to release medical information protected by health privacy laws.

The purpose of this request is to provide information to N.I.P.'s Youth Programs and its funders to evaluate whether student grades, attitudes and/or behavior have improved as a result of participating in N.I.P.'s Youth Programs. We will only provide our funders with summaries about students as a group or individual basis, no identifying information will be shared.

1. I understand that this authorization expires one year from the date of signature.
2. I may change or withdraw this authorization at any time.

Signature of Parent/Guardian: _____ Date: _____

Neighborhood Involvement Program
Youth Programs
3333 North 4th Street
Minneapolis, MN 55412