



UNP Hartland Partnership Center Youth Program



The Youth Program is free for ages 6 – 18 years old and provides afterschool, summer, and weekend programs that build life skills through academics, arts, community, leadership, and health and wellness.

Please fill out completely for each child. All information provided is kept confidential.

Child Name: _____ Birthdate: _____ Gender: Male Female

School: _____ Grade: _____ Teacher: _____

Ethnicity: Asian/Pacific Islander Black/African American Caucasian/White
 Hispanic/Latino Multi-Cultural Native American/Alaskan

Parent/Guardian(s) Name: _____ and _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone #: _____ Second Phone #: _____ Email: _____

Other languages (other than English) spoken at home: _____

EMERGENCY CONTACTS (Other than parent/guardian):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

People authorized to pick up child: _____

My child can walk home alone: YES NO

My child qualifies for free or reduced lunch program: YES NO

How did you hear about us?:

From a friend or family member Poster or advertisement UNP event
 Community event School Other _____

What other afterschool programs is your child enrolled in? (ie. Mountain View Afterschool program, Boys and Girls Club, Youth City, etc.)



UNP Hartland Partnership Center Youth Program



Transportation Information

Primary insurance coverage in the event of a vehicle accident is with the vehicle transporting the student. I understand that the University Neighborhood Partners (UNP) and cooperating schools, agencies or businesses, and their employees, are not responsible for damage or personal injury as youth participants are transported to and from, or while they are at, designated program locations.

Medical Information

Please list any medical/mental condition(s) or food, drink, or environmental allergies that your child has that we should be aware of in working with your child:

Please name any medication your child is taking and the dosage and times:

Please list any dietary restrictions (non-allergy related):

In the event it becomes necessary for the UNP staff in charge to obtain emergency care for my child, neither he/she nor the UNP assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. *I authorize The UNP employees and volunteers in charge of the students to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child.*

_____ **Please initial if permission is given.**

Please check below if permission is given:

- I give permission for my child to ride in buses, vans, cars, and bikes hired, rented, or driven by University of Utah/UNP staff or volunteers recruited by the program. (This includes transportation to site and/or field trips on or off site.)
- I give permission for my child to engage in outdoor activities in close proximity to the UNP Hartland Partnership Center and off site.
- I give permission for my child's name and/or picture to be used in films, videos, media releases, publications by funders, written information or brochures produced to promote the program and/or the work of University Neighborhood Partners (UNP).

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY.

Signature of Parent/Guardian: _____ Date: _____

(PLEASE COMPLETE BOTH SIDES)