



REGISTRATION FORM

For office use only
Date received:

STUDENT INFORMATION			
Student Name (First):	(Middle):	(Last):	Suffix (Jr., III):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Birth Date (mm/dd/yyyy):	
Tribal Affiliation:		Graduation Date: <input type="checkbox"/> 2020 <input type="checkbox"/> 2019 <input type="checkbox"/> 2018 <input type="checkbox"/> 2017	
High School:		School District:	
Student Phone Number:		Student Email:	
Physical Address:			Apt./Unit:
City:		State: Arizona	Zip Code:

PARENT/GUARDIAN INFORMATION	
Parent/Guardian Name:	
Relationship to Student:	Parent Email:
Parent Phone Number:	Parent Work Number:

EMERGENCY CONTACT	
Emergency Contact:	
Relationship to Student:	Emergency Contact Number:

MEDICAL INFORMATION	
Hospital/Clinic:	Phone Number:
Physician Name:	Phone Number:
Insurance Carrier (if any):	Insurance Number (if any):
Allergies (including food and medication):	
Medications:	
Special Health Conditions:	

SUMMER ACADEMY	
Students participating in the Summer Academy (July 11 – 22, 2016) agree to the following to earn college credit and get paid:	
<ul style="list-style-type: none"> • Attend one of the Summer Academy Orientations and full registration with parents/guardians • Participate in all scheduled events and activities for the Summer Academy 	
<input type="checkbox"/> Yes, I will enroll in the Future Inspired Native American Leaders beginning with the Summer Academy.	<input type="checkbox"/> No, I will enroll in the Future Inspired Native American Leaders beginning in the Fall 2016.

Continue on the back



REGISTRATION FORM

RESPONSIBILITIES & AGREEMENTS (please initial next to each statement below)		
<input type="checkbox"/>	I hereby authorize and give full consent to the PHOENIX INDIAN CENTER, INC. to transport my child.	
<input type="checkbox"/>	This Release, Indemnity, and Assumption of Risk statement covers all activities, events, sessions, meals, occurrences, participation, observation, and travel between activities, associated with this project. I hereby give permission for my child to participate. For my child, I agree to assume the risk of any events associated with my child's participation, observation, or other activities that may result in any harm, injury, illness, damage or loss to my child. I hereby release, waive, and hold harmless Phoenix Indian Center, or other organizations involved in the program or any of these organizations agents, personnel or volunteers from any claims, liability, or responsibility for any such injury, illness, damage or loss. I understand the activities are voluntary, and I agree to accept the responsibility for my child's personal safety and participation in the program. I consent to the provision of emergency medical treatment for my child to the extent the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my child's ability to participate in any event or activity associated with the Phoenix Indian Center, I agree to discuss my concerns with my child's physician before signing this form.	
<input type="checkbox"/>	<p>Program Participant Responsibilities:</p> <ul style="list-style-type: none"> Showing up on-time for all schedules activities/events/classes. For any activity with a stipend, any time or days missed during the program will result in a decrease in or loss of the stipend amount. Notifying staff when you will be late or absent from any scheduled class of activity Informing staff of contact information changes as well as concerns related to the program or activities; e.g. transportation, housing, personal issues, etc. Agreeing to abide by all rules and standards, established by the Phoenix Indian Center Inc. (e.g. no smoking in the building, inappropriate language, improper use of equipment, no drugs, alcohol, and firearms allowed on the premises.) 	
<input type="checkbox"/>	<p>Phoenix Indian Center Staff Responsibilities:</p> <ul style="list-style-type: none"> Explanation of available program activities to students Assistance with developing goals for students Education, advisement and assistance to achieve program goals as identified Referral for outside services not provided by program/agency Coordination of services with other agencies related to student's progress <p><i>This agreement will remain in effect for the duration of the program. The Phoenix Indian Center personnel will be advised of any violations of agreement and appropriate action may be taken to remedy the situation, including family discussions or possible suspension or termination from the program.</i></p>	
<p>I have read and understand the terms and conditions of this registration form and further understand my responsibilities as a program participant. I understand this authorization shall be in effect for the duration of my acceptance and participation in the program. By signing below, you indicate that you want to participate in this exciting program and that your parent/guardian supports your participation.</p>		
<p>Electronic Signature Option: By typing your name below you are consenting to use an electronic signature to submit this registration form and indicate that you want to participate in this exciting program and that your parent/guardian supports your participation. Upon receipt of form you will be contacted for the next steps.</p>		
Student Signature:	Student Printed Name:	Date:
Parent/Guardian Signature:	Parent/Guardian Printed Name:	Date:

For handwritten applications please return the registration form to:
 Phoenix Indian Center
 4520 North Central Avenue, Suite 250
 Phoenix, Arizona 85012

Scan & Email:
 youthprograms@phxindcenter.org
 Fax: 602-274-7486

Referred by:

CLEAR FORM	SUBMIT FORM
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