



Adoptive Family & Youth Training Seminar



CHILD/YOUTH REGISTRATION FORM

PARENTS/GUARDIANS: Please complete ONE form for EACH YOUTH/CHILD and mail with your registration form.

Child's or Teen's Name: _____
First Last

Child's or Teen's Age: _____ Birth date: ____ / ____ / _____ Current School Grade: _____

Toddlers: _____ Walking Not Walking yet: _____

Parent (s) Names: _____
First Last

First Last

1. Please describe your child's/teen's dietary needs below:

2. Briefly describe (use back of this form if necessary) anything else you would like us to know about your child/youth (i.e., disabilities, medical conditions, behavior issues.) If you have concerns regarding the placement of your child/youth in a certain grade level or issues relating to your child's/youth's functioning level please let us know. (See Parent Tips) Attach another sheet if necessary. Please specify actual diagnosis. DO NOT use acronyms (e.g. write Attention Deficit Hyperactive Syndrome NOT ADHD.) Please indicate if you would like us to contact you for more information regarding your child(ren's) needs.

3. Please read and sign the following attached forms: **Consent Form for Participation, the Prescription Medicine Administration Form, and GA DHS Notice of Privacy Practices.**

4. Send this form and the Consent Form for Participation back with Seminar registration forms. Parent drop off time on Saturday morning is from 7:30 am—8:15 am and on Sunday from 7:30 am— 8:00 am.



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CONSENT FORM

Parent Consent for Child/Youth Participation in the Adoptive Family & Youth Training Seminar Programs

I grant my permission for my child(ren) or youth _____
First Middle Last

To participate in the children and youth programs for the 2011 Adoptive Family and Youth Training Seminar known as the Ties That Bind on May 13-15, 2011.

I understand that in order to participate in this program, my child(ren) must abide by the established rules and codes of conduct established by the program staff. Severe disruption of the program, including but not limited to: verbal and physical aggression against staff or other participants, failure to follow safety or program instructions, and continued disruptive behavior may be cause for dismissing my child(ren) from the program.

I understand that the activities of the program will be conducted in and on the grounds of the Dolce Hotel and Conference Center.

If I cannot be located on the conference center premises when my child is participating in the program and if any illness, injury, or accident occurs which, in the sole judgment of the staff of the Ties That Bind seminar, requires immediate medical attention, I give consent for any member of the Ties That Bind seminar staff to obtain such emergency treatment. I further consent to the signing of any releases by program staff, which may be required by any medical care provider. I hereby indemnify and hold harmless the TIES THAT BIND TRAINING SEMINAR, DEPARTMENT OF HUMMAN SERVICES, DIVISION OF FAMILY & CHILDREN'S SERVICES, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING, INC., their members individually and their officers, agents and employees, and any and all staff members employed or volunteering with the TIES THAT BIND TRAINING SEMINAR from any costs, expenses, damages or other liability arising from any acts or omissions of staff members and medical care providers. I understand that in the event of an emergency medical situation, I will be notified as soon as possible. I also agree to provide the conference staff with accurate information and with information as to where I will be on the conference premises while my child(ren) are signed in with the children and youth programs.

I further understand that the cost of any medical care deemed necessary for the treatment of any emergency illness, injury or accident occurring while my child is attending the Ties That Bind Seminar children's and youth program is my responsibility, and that the TIES THAT BIND TRAINING SEMINAR, DEPARTMENT OF HUMMAN SERVICES, DIVISION OF FAMILY & CHILDREN'S SERVICES, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING, INC., their members individually and their officers, agents and employees are not obliged to pay for such medical care.

Although the utmost care will be taken to safeguard my child(ren), I understand and agree that participation by my child in the Ties That Bind Seminar is a the sole risk of my child, and I the legal parent and/or guardian agree to assume that risk. I hereby indemnify and hold harmless the TIES THAT BIND TRAINING SEMINAR, DEPARTMENT OF HUMMAN SERVICES, DIVISION OF FAMILY & CHILDREN'S SERVICES, SOCIAL SERVICES ADMINISTRATION, FAMILY MATTERS CONSULTING, INC., from any and all costs expenses, damages, and other liabilities arising from or by reason my child(ren)'s participation in the Ties That Bind Seminar and the youth activities.

Parent's Signature

Parent's Signature

Date

Date