



Registration Form

Through Native American Community Services (NACS) Stages of Life Empowerment (SOLE) Program

Information provided on this form is used to plan and deliver high quality youth-centered programming, arrange for transportation to and from program, ensure proper communication with parents/ guardians, and complete program reports to our funding sources. All information is confidential and will not be otherwise released without parent/guardian permissions.

Participant name: _____

Address: _____
Number Street City State Zip

Telephone with area code: _____

Date of birth ____/____/____ Age: _____

Gender (circle): male female transgender other

Race/ethnicity (circle all that apply): Native American (Nation/Tribe: _____ Enrolled? Y/N)
African American/Black Latino/Hispanic Asian/Pacific Islander
Caucasian/White Other: _____

School: _____

Does the youth have a disability: Yes / No

If yes, what is the disability? _____

Does the youth have a food allergy? Yes/ No

If yes, what is the allergy? _____

If yes, does the youth have an Epi-pen? _____

Does the youth have any other medical conditions or restrictions we should be aware of?

Parent/guardian name: _____

Phone which is best to reach you at: _____ Alternative contact: _____

Emergency contact (if other than parent or guardian) name:

Number: _____ Relationship: _____

I give permission for the above participant to attend the Native American Community Services (NACS) Mentoring Our Community Attitudes (MOCA) program. This program involves age-appropriate workshops on teen pregnancy prevention, HIV/AIDS awareness, meals, and activities. I give permission for NACS to take pictures and/or videos of my youth participating in MOCA for not-for-profit promotion of its programs and services. I give permission for NACS youth staff to transport my youth for activities such as a reproductive health clinic tour. I give my permission for my youth to leave the program by alternative transportation, like the NFTA bus system.

I acknowledge the NACS youth staff as mandated reporters. I authorize staff members of Native American Community Services of Erie and Niagara Counties (NACS) to act on my behalf in the event that my youth needs emergency medical treatment. I understand that if possible, NACS staff will make every effort to contact me or my emergency contact person prior to any medical treatment of my youth. I also authorize the NACS youth staff to release any appropriate information if needed to my emergency contact.

Parent/Guardian Signature: _____ Date: _____

Please return the completed form to:

Native American Community Services
Attn: Alaina Wayland
1005 Grant Street, Buffalo NY 14207

awayland@nacswny.org

Phone: 716-874-2797x318
Fax: 716-874-1874