



SUMMER 2014 Program • FULL APPLICATION

Youth Information

NAME OF APPLICANT

Last name, First Name

ADDRESS:

Street Unit City Zip

GRADE (during 2014-2015) SCHOOL NAME:

DATE OF BIRTH:

Month/Day/ Year Male Female
Gender

ETHNICITY RACE: Do you consider yourself to be Hispanic/Latino? * Yes No

- Black or African American White/Caucasian American Indian or Alaskan Native
 Multi-Racial Asian/Pacific Islander Other

Parent/Guardian Information

NAME OF PARENT/GUARDIAN 1

Last name, First Name

ADDRESS:

Street Unit City Zip

DAYTIME CONTACT INFORMATION () @

Telephone number Email

NAME OF PARENT /GUARDIAN 2

Last name, First Name

ADDRESS:

(if different) Street Unit City Zip

DAYTIME CONTACT INFORMATION () @

Telephone number Email

Return completed forms to 4 Science Park, New Haven, CT 06511 Attention: Youth Programming



Emergency Contact and Medical Information for a Child

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
()	()	()	()		
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
()	()	()	()
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to ConnCAT, as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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Form for Media Recording

I, the parent/guardian of _____, do hereby consent and agree that ConnCAT, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child and to use these in any and all media, now or hereafter known, and exclusively for ConnCAT's official purposes. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to ConnCAT, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that ConnCAT is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

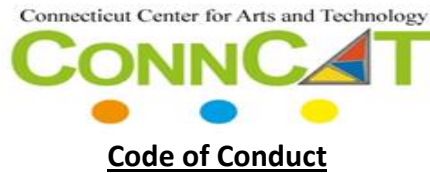
Parent/ Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____ Date: _____



Note: Youth that are granted the opportunity to participate in ConnCAT will be expected to be familiar with our Core Values and to abide by the program rules and regulations which are as follows:

- Participants are expected to arrive on time.
- Use of foul language is unacceptable and will not be tolerated. The participant's involvement in the program can be terminated if violation of this rule occurs at any point in during the program.
- Appropriately dress is required. Clothing must not be revealing. (Half shirts, short skirts, pants below the waist, etc. are not permitted) Clothing with profanity or negative images is not permitted.
- Bandanas, do-rags, and hats are not permitted.
- **Keep your hands to yourself!** No play fighting, fighting, kissing, or inappropriate touching. Participants may be removed from the program immediately if a violation of this rule occurs.
- Workshop facilitators must know where participants are at all times.
- Participants must actively participate in hands on activities, ice breakers, and workshops. Negative attitudes and lack of enthusiasm hinder the growth process. Refusal to participate will result in removal from the program.
- Absences must be followed by a phone call or a note from the parent or guardian. Parents are encouraged to call in advance if it is a planned absence. (203)823-9823
- All participants must maintain a respectful attitude toward one another and authority figures.
- Participants will not initiate or accept any communication from workshop facilitators or instructors outside of program hours or sanctioned ConnCAT activities. This includes, but is not limited to Facebook, Twitter, and email.

We have read the rules and regulations for ConnCAT and agree to abide by them.

Participant Signature: _____

Participant Print: _____

Parent/Guardian Signature: _____

Parent Guardian Print: _____

