



2018 Summer Program Referral

For LPYS use only:

Person Making Referral _____ Client ID# _____

Date Referred _____

Youth

Name _____ Height _____ Sex _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

School _____ Grade _____ Employer _____

Race _____ Ethnicity _____ Email _____

Voicemail ok? Yes No Text ok? Yes No Email Ok? Yes No Social media ok? Yes No

Parents/Guardians

Name _____ Biological Step Guardian Adoptive

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Occupation _____ Employer _____ Phone _____

Voicemail ok? Yes No Text ok? Yes No Email Ok? Yes No

Name _____ Biological Step Guardian Adoptive

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Occupation _____ Employer _____ Phone _____

Voicemail ok? Yes No Text ok? Yes No Email Ok? Yes No

La Plata Youth Services individualizes our support to assess, advocate and provide programs based on the strengths and needs of each unique youth. Our process provides opportunities for youth to become valuable and contributing members of their family and the community. We are staffed by caring, non-judgmental, well-trained listeners that can offer help in a variety of ways. If you are in need of information, guidance, or more regarding youth and family services, please do not hesitate to contact us. We look forward to working with you and your family.

For office use only: Salesforce Client ID: _____ *OMNI ID:* _____



Parent/Guardian Names: _____	Emergency Contact Phone: _____ (home)
_____	_____ (Work)

Medical Information

General Health excellent good fair poor

Health issues, physical limitations or allergies: _____

Medications being taken: _____

Health insurance name and policy #: _____

Emergency Contact (Alternative if parents/guardians have been listed above)

Person to contact: _____ Relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Doctor's address: _____ Preferred emergency services facility: _____

1. **Release for medical treatment (Required):** I consent to allow the staff of La Plata Youth Services (LPYS) to assess me or my child, _____, in obtaining any medical care or attention needed in the event of an injury while participating in any LPYS activity. In the event medical care is required, I agree to pay all physician, hospital, emergency room, and other related charges and agree that LPYS **will not** be held responsible for **any** charges. I also understand that LPYS will make every effort possible to contact me should an emergency arise involving my child or make every effort possible to reach my emergency contact should an emergency arise involving me.

_____	_____	_____	_____
Youth Signature	Date	Parental Signature	Date

2. **Release of Liability (Required):** I, the undersigned, being the participant or the natural or legal guarding of the youth listed above, hereby release the Board of Directors of LPYS, the staff of LPYS, LPYS volunteers, and all other persons and entities from any claim of injuries which may result or occur while I or my child is participating in any program or activity sponsored by LPYS.

_____	_____	_____	_____
Youth Signature	Date	Parental Signature	Date

3. **Transportation Release (Strongly recommended):** I give permission for any LPYS agent, volunteer or staff, to transport the above named youth for purposes related to the successful completion of the contract, including but not limited to school attendance, drug testing, therapy sessions, and/or alternative activities.

_____	_____	_____	_____
Youth Signature	Date	Parental Signature	Date

4. **Photo Release (recommended):** I agree to allow my child to participate in public relations done by LPYS, including print, radio, television, website, presentation boards and photographs.

_____	_____	_____	_____
Youth Signature	Date	Parental Signature	Date



Summer Program Expectation

LPYS expects participants in the summer program to refrain from using substances. This includes, but is not limited to, marijuana, alcohol, and cigarettes.

If any staff or volunteer of LPYS witnesses any summer program participants engaging in the use of a substance or believes a participant used a substance prior to arriving at La Plata Youth Services, the staff/volunteer member will ask the participant to leave the program for the duration of the activity for the day.

If participants are asked to leave the summer program more than once due to substance use, the participant will be asked to exit the summer program completely.

LPYS expects participants to engage while attending scheduled summer program days and to give all activities and projects a try. If a participant does not let the Summer Program Coordinator or Summer program staff know of an absence beforehand, the participant and guardians will be notified. If the Coordinator or staff is not told of an absence for a second time, the participant will be asked to leave the program.

If participants do not want to engage in an event or activity in the program, they can have a discussion with the Program Coordinator about further enrollment.

Please acknowledge that you understand the expectations for the summer program and that you understand the consequence of not complying with the expectations.

Name: _____

Signature of Youth: _____

Date: _____