

SAZ Program Director

Forrest Carter Jr.

forrest@sys-nh.org

Office (603) 474-3332

SAZ Cell (603) 997-9760

***Text and Voicemail checked regularly**



SAZ Site-Coordinator

Brittney Gentile

brittney@sys-nh.org

Office (603) 474-3332

SAZ Cell (603) 997-9760

***Text and Voicemail checked regularly**

SAZ 2019-2020 ANNUAL REGISTRATION FORM

Youth Name: _____ **Date of Birth:** / / **Age:** ____ **Grade:** ____ **Male / Female (circle)**

Address: _____

Primary Phone #: _____ **Secondary Phone #:** _____

Email: _____ (Please Write Clearly)

T-Shirt Size (Circle 1): AS AM AL AXL AXXL AXXXL **Other:** _____

Mother/Guardian Name: _____

Address/Phone (s)/Email if different: _____

Father/Guardian Name: _____

Address/Phone (s)/Email if different: _____

DAYS REGISTERED & ATTENDING SAZ

(Circle All Days Registered & Attending SAZ)

**Students attending on days UNREGISTERED without notice will be sent home on the bus*

M

T

W

R

F

EMERGENCY CONTACTS & ALTERNATE PICK-UP

Name: _____ **Relationship to Participant** _____

Address: _____

Primary Phone #: _____ **Secondary Phone #:** _____

X (Initial) _____ *I give permission for this contact to pick-up my child in case of emergency or as an alternate pick-up.*

Name: _____ **Relationship to Participant** _____

Address: _____

Primary Phone #: _____ **Secondary Phone #:** _____

X (Initial) _____ *I give permission for this contact to pick-up my child in case of emergency or as an alternate pick-up.*

ALLERGIES & MEDICATION

Please List ALL Allergies: 1. _____ 2. _____ 3. _____

Please List ALL Medications: 1. _____ 2. _____ 3. _____

X (Initial) _____ *I understand that it is the policy of the Seabrook Adventure Zone that prescription medication is NOT distributed by SAZ staff or volunteers to participants. If medication is needed during program hours, it must be administered by the participant or responsible party.*

X (Initial) _____ *I give permission for a 1st Aid/CPR certified SAZ staff member to administer ibuprofen or aspirin to my child as needed.*

SAZ Program Director
Forrest Carter Jr.
forrest@sys-nh.org
Office (603) 474-3332
SAZ Cell (603) 997-9760
*Text and Voicemail checked regularly



SAZ Site-Coordinator
Brittney Gentile
brittney@sys-nh.org
Office (603) 474-3332
SAZ Cell (603) 997-9760
*Text and Voicemail checked regularly

SAZ 2019-2020 ANNUAL REGISTRATION FORM

Please take the time to sit with your child and answer the following questions...

1. What are three goals you have for the 2019/2020 school year? (These can be school or non school related).
A. _____
B. _____
C. _____
2. What do you need to reach these goals? From SAZ? From yourself? Who can help you?

3. What are some steps you might need to take to reach these goals? (Think breaking your goals into smaller pieces)

For the Parents....

1. What do you want from SAZ? Fun? Academics? Social Emotional Learning? Please share with us!

For the Participants...

1. What types of programs are you MOST interested in?? We want to hear your ideas!

- X _____ I give permission for the receipt and release of information, including academic performance through JUPITER grades OR POWER SCHOOL, from/to SAZ, including but not limited to SAZ facilitators, school officials, and medical practitioners assisting in serving my child for the purpose of academic and social emotional achievement.
- X _____ In the event of an emergency SYS/SAZ will attempt to contact me prior to any medical treatment. I give permission for my child to receive emergency medical treatment, including the use of anesthesia, as recommended by medical practitioners.
- X _____ I give permission for my child to be transported by SAZ, including their contracted providers, to/from program activities and/or home as needed.
- X _____ I give permission for the use of various media representations of my child, including photo, audio, video and written, for education, outreach and recognition purposes.
- X _____ I give permission for my child to watch PG-13 movies.
- X _____ I give permission for SAZ to survey my child about their experiences in the SAZ afterschool program, program ideas, and other non-academic questions in order to strengthen my child's YOUTH VOICE! *All surveys are anonymous with NO personal indicators!
- X _____ I give permission for my child to WALK HOME from the Seabrook Adventure Zone.

The Seabrook Adventure Zone has a partnership with 4-H through UNH Cooperative Extension. All children are enrolled in 4-H and will receive information regarding available youth development activities.

X _____
Parent/Guardian Signature

_____/_____/_____
Date