



REGISTRATION/PERMISSION SLIP JEANNE CLARKE TEEN CENTER

Novi Youth Assistance – 45175 Ten Mile Road, Novi 48375 248.347.0410

Participant's Name _____ Sex _____ Age _____ Birth Date _____ Grade Entering _____
 Address _____ Novi, MI _____
 Parent/Guardian _____ Phone (____) _____
 Parents Email _____

Please note any medical information pertaining to this participant: _____

IN CASE OF AN EMERGENCY, THE FOLLOWING PERSON MAY BE CONTACTED IF PARENT OR GUARDIAN IS NOT AVAILABLE:

Name: _____ Relationship: _____
 Address: _____ Phone: _____

NAME OF PERSON OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED:

Name: _____ Relationship: _____
 Address: _____ Phone: _____

Date	Event	Fee	Select	Amount	Office Only
6/20/2017	Zap Zone	\$20.00			
6/22/2017	Paradise Park	\$20.00			
6/27/2017	AirTime - Novi	\$20.00			
6/28/2017	BonaVenture	\$15.00			
7/6/2017	Detroit Tigers Game	\$20.00			
7/11/2017	Detroit Zoo	\$15.00			
7/12/2017	Novi Police Station	Free			
7/18/2017	CJ Barrymore's	\$20.00			
7/19/2017	Novi DPS Lunch	Free			
7/20/2017	Emagine Movies	\$15.00			
7/24/2017	Novi Fire Station #4	Free			
7/25/2017	Novi Bowl	\$10.00			
7/31/2017	Kensington Park	\$10.00			
8/1/2017	Red Oaks Water Park	\$20.00			
8/2/2017	Community Lunch	Free			
8/3/2017	Lakeshore Park	Free			
	Total Fieldtrip Fee	\$185.00			
	Registration Fee	\$175.00	☆	\$175.00	
	Total Due				
Fieldtrip Fee \$185.00 + Registration Fee \$175.00 Total \$360.00					

Cash Amount			Make checks payable to: Novi Youth Assistance Check #:
Check Amount			
Date			

*******NO CREDIT CARDS ACCEPTED*******



Parent/Guardian Consent and Release **(Read before signing)**

As the parent or legal guardian of _____ I, give my permission for him/her to attend the Novi Youth Assistance (NYA) Jeanne Clarke Teen Center events and activities listed above as well as all other field trips I add on at a later date. I grant permission for my child to participate in all on-site activities scheduled and needs assessment surveys for program evaluation. I understand that photos, slides, recordings, and/or videos of my child may be made during the Youth and Teen Center, and I hereby authorize NYA to make, use, and maintain, without benefit or payment to the child, any such photos, slides, recordings, and/or videos for record, internal and promotional purposes. NYA Teen Center staff members are authorized to obtain whatever medical treatment is required in the event of an injury to this child. I have listed above all pertinent medical information relating to this child. I give permission for my child (him/her) to receive intervention from Social Work Staff if necessary. I understand that NYA, its Board members, officers, directors, agents, volunteers, employees, and sponsors, either voluntary or employed, assume no responsibility whatever for any injury suffered by this child in the course of the Youth and Teen Center or any related activity. I hereby release, exonerate and discharge NYA, its Board members, officers, directors, agents, volunteers, employees, and sponsors, either voluntary or employed from any and all liability, actions, or causes of action for any injuries suffered by this child while participating in Youth and Teen Center events and activities.

I also understand that refunds will be provided for field trips if the request for cancellation is received by the NYA office (248-347-0410) at least 48 hours prior to the field trip. All refunds will be mailed after the completion of the program.

*** No refund due to weather.**

Signature of Parent or Guardian

Date