



Pechanga Youth Registration

↓ Complete & Return to Pechanga Staff ↓

| HOUSEHOLD INFORMATION & PARENT CONTACT INFORMATION (PLEASE PRINT CLEARLY) | | | |
|--|--|---------------|---|
| Tribal Member Parent/Guardian Name: | | Enrollment #: | DOB: |
| Spouse/Partner Name: | | Enrollment #: | DOB: |
| Tribal Affiliation: | Home/Msg. Phone #: | Cell Phone #: | |
| Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No or Do you live within Riverside or Orange County: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Mailing Address (City, State, Zip Code): | | | |
| STUDENT INFORMATION (LIST ALL STUDENTS PARTICIPATING) | | | |
| Child's Name: | DOB: | Age: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Tribal Affiliation: | <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School | | Grade Level: |
| What activities is your child interested in? <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Multimedia <input type="checkbox"/> Wellness <input type="checkbox"/> ITS Sports <input type="checkbox"/> College Tours <input type="checkbox"/> Bridges to Success <input type="checkbox"/> Youth Conferences <input type="checkbox"/> Youth/Teen Activities <input type="checkbox"/> Other: (Please explain) _____ | | | |
| Child's Name: | DOB: | Age: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| Tribal Affiliation: | <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High School | | Grade Level: |
| What activities is your child interested in? <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Multimedia <input type="checkbox"/> Wellness <input type="checkbox"/> ITS Sports <input type="checkbox"/> College Tours <input type="checkbox"/> Bridges to Success <input type="checkbox"/> Youth Conferences <input type="checkbox"/> Youth/Teen Activities <input type="checkbox"/> Other: (Please explain) _____ | | | |
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PARENT CONSENT AND INFORMATION RELEASE

- I DO or DO NOT, hereby grant the Pechanga Tribe, including all of its departments, permission to take photos of my child(ren) and myself for use in their newsletter, website, or any other internal use in the future.
- I DO or DO NOT, authorize the Pechanga Tribe to publish photos of myself or of my family for external use in the future.
- I DO or DO NOT, give my child(ren) permission to receive transportation to and from any and all events and activities by the Pechanga Tribe, including all of its departments. I understand that it is also a privilege for my son/daughter to receive these services and failure to adhere to minimum conduct standards may result in suspension of these privileges.
- I DO or DO NOT, give my child(ren) permission to walk home from events/activities provided by the Pechanga Tribe, including all of its departments.

EMERGENCY CONTACT INFORMATION

| | | |
|--|------------------------|------------------------|
| Primary Emergency Contact (Name & Relation): | Cell Phone # () | Home Phone # () |
| Mailing Address (City, State Zip Code): | | |
| Secondary Emergency Contact (Name & Relation): | Cell Phone # () | Home Phone # () |
| Mailing Address (City, State Zip Code): | | |

MEDICAL INFORMATION

1. Does your child(ren) have any known allergies to foods, insects, odors, plants, materials, etc.? Yes No
2. Does your child(ren) have any medical conditions that the program should be aware of? Yes No
3. Is your child(ren) taking any medications? If yes please list all medications? Yes No

| Child's Name | Medications | List Allergies/Medical Condition(s) |
|--------------|-------------|-------------------------------------|
| | | |
| | | |
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I am the parent/guardian of the above child(ren) and hereby acknowledge that I have reviewed the above information with my child(ren) and hereby grant permission for my child(ren) to attend activities, events and field trips with the Pechanga Tribe, including all of its departments. I release the Pechanga Tribe, including all of its departments and individuals from liability in case of an accident during activities related to the Pechanga Tribe, including all of its departments, as long as normal safety procedures have been taken. I understand additional waivers and releases may be required for each activity provided by the Pechanga Tribe.

In the event that I cannot be contacted, I hereby grant Pechanga Tribe, including all of its department employees, to contact the persons listed above in the event of an emergency. In the case of an emergency when neither parent/guardian can be reached, 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.

| | |
|--|--------------|
| Signature of Parent, Caretaker Relative or Authorized Representative: | Date: |
|--|--------------|