

**Consent and Registration
 Form**

The mission of the School Based Youth Services Program, The Loft is to empower Columbia High School students to make responsible choices by providing services to enhance their social and emotional skills. These services include: Individual, Family, and Group Counseling, Recreation (active and stationary), Life Skills Training, Employment Training, Health Care and Prevention Education. Services are **voluntary, confidential and free of charge, (There may be some exceptions to confidentiality, in order to maintain and ensure the safety of the program and its participants). In addition, students are not required or forced to remain in program.** The purpose of this form is to gather necessary information and obtain approval for your child to participate in program services including a bi-annual program evaluation. This consent will remain in effect during the time your child is enrolled in Columbia High School. If services are discontinued and start again at a later date, Family Connections will have access to The Loft's records. In addition, this a joint consent form of FAMILYConnections, Inc. and its clinical staff.

I, _____ hereby grant consent for _____
 (Parent/Legal guardian) (STUDENT'S NAME)
 to participate in activities and services at **The Loft****.

**** If you do not want your child participating in specific services, please indicate below. ** This includes recreational activities (active and stationary) both on campus and in the local community. **** _____

In the event of a medical emergency, if the staff of **The Loft** is unable to reach me, I hereby give consent for the program staff to seek, authorize and obtain medical treatment for the above-named youth. I understand that this consent will remain in effect from the date it is signed by me unless it has been rescinded by written notice signed by me and delivered to **The Loft** program staff.

(Emergency Contact #1)	(Relationship)	(Phone Number)
	(Relationship)	(Phone Number)
(Parent/Guardian Name)	(Home Phone)	(Work/Cell Phone)
(Parent/Guardian email address)		
(Student Address- Number and Street, Town, Zip Code)	/ / (Student's DOB)	(Grade)
		M / F (Gender)

Students Please Fill Out:

Whose idea was it for you to come to **The Loft**? (Check one): Mine (client's) Parent/Stepparent Teacher
 Friend/ school mate Guidance Staff Juvenile Justice Staff Human Services Agency Other _____

Ethnicity (Check one): American Indian/Alaska Native Black/African American White Hispanic/Latino Asian Native Hawaiian/Other Pacific Islander Other _____

Preferred Name or Nickname? _____

What adults do you live with right now? (Check all that apply): No adults Mother Father Stepfather Stepmother Grandfather
 Grandmother Sibling Other _____

By signing this consent, I agree to hold harmless Family Connections, Inc. and its agents, staff, employees, officers and Trustees from any liability, provided Family Connections, Inc., its staff, employees and agents are not grossly negligent in the provision of supervision.

X	
Signature of Student	Date
X	
Signature of Parent/Guardian	Date

Please Complete Back of Form- Thank You!

**Parental Media
Release**

I _____ hereby voluntarily grant to FAMILYConnections
(Parent/Guardian's name or Student if 18 or older)
(and its affiliated entities, partners, successors and assigns) permission to take and to use, reproduce, publish, transmit, distribute and display photographs or video, in whole or in part, of _____ for use in FAMILYConnections' personnel
(Student's name)
records and other internal records, and for promotional or educational materials, which includes annual reports, catalogs, brochures, posters, magazines, media articles, CD-ROM, DVD, electronic and paper newsletters, and all electronic media, including FAMILYConnections' Internet web sites, blogs, Facebook and/or other similar web based media. I agree that FAMILYConnections will own all photos and/or videos taken by it or its employees or agents.

I understand that FAMILYConnections will not include the child's name, address or other identifying information in connection with the use of any photographs and videos.

I further understand that the Internet is not a secure medium; that any material posted on the Internet is accessible to anyone with Internet access, that while FAMILYConnections has made every effort to secure its web site, it cannot guarantee privacy or control access to its web site, and that any photos or videos of my child that are posted on the Internet may be viewed or downloaded by any computer.

By signing this release form I agree that I do not have any right to: (i) inspect or approve the photographs, videos and images of my child and/or printed matter that may be used in conjunction therewith; (ii) claim entitlement to any payment or other compensation for FAMILYConnections' use of the photos and videos; or (iii) make any claims against FAMILYConnections or its affiliated entities, employees or agents based upon the use or discontinuance of use of any photos or videos (including any claims for libel, defamation or invasion of privacy).

I have the right to withdraw my consent at any time; provided that I do so in writing. However, any such withdrawal shall not affect or limit FAMILYConnections rights to continue using any photos or videos created prior to such withdrawal of consent.

I, the undersigned, warrant and represent that I am the parent or legal guardian of the child named above. I have read and understand the contents of this release form and hereby grant my consent and permission to all of the foregoing.

Parent/Guardian Name or Student if 18 or older: (please print)

Signature

Date: _____