



A Self Sufficiency Improvement Support Team
 11 N. Parkerson Ave. – Post Office Box 1404
 Crowley, La. 70527-1404
 Voice (337) 788-7550 FAX (337) 783-9353
 Acadia Parish

Jefferson Davis Parish

107 E. Nezpique
 Jennings, LA 70546
 337-824-7800 (Phone)
 337-824-7805 (Fax)

Vermilion Parish

407 Charity Street
 Abbeville, LA 70510
 337-898-9554 (Phone)
 337-898-9095 (Fax)

ASSIST SUMMER RECREATION REGISTRATION

A completed registration form must be turned in for the participant to receive a Program T-Shirt.

I give my permission for the following child to participate in the 2017 ASSIST Summer Recreation Program:

First Name (Please Print)	Last Name	Gender	Grade	Age	Hispanic?
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City, St, Zip:			
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes:	Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:	Race:		<input type="checkbox"/> Crowley <input type="checkbox"/> Jennings	
T-shirt size: Youth: <input type="checkbox"/> XS <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL					

I also hereby grant permission for the ASSIST Agency to take photos of the above child and use those photos on the agency website, social media sites, and other promotional or informational materials. In consideration of the opportunity afforded my child to participate, I agree that my child, my assignees, heirs, guardians, and legal representatives will not make a claim against the Agency, or any of its affiliated organizations related to the use of the photos of my child. I further consent to the unrestricted use by the Agency and/or persons authorized by the Agency of any photographs, recordings, interviews, videotapes, motion pictures, or other visual recordings of my child.

I also give permission for my child to participate in field trips sponsored by the Program.

I also give permission for the Recreation Program personnel to seek medical attention in case of an injury or emergency involving my child.

I can be reached at this phone number: _____
 or alternate phone number _____

If I cannot be reached, please call: _____
 At phone number: _____

Other information about my child's allergies/medication: _____

NO CELL PHONES OR OTHER ELECTRONIC DEVICES ALLOWED ON CAMPUS. Any devices found will be confiscated and returned only to the parent/guardian.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

ATTACH A COPY OF LAST REPORT CARD.

Auxiliary aids and services are available upon request to individuals with disabilities. TDD (337) 788-7550
 "An Equal Opportunity/Affirmative Action Employer"

