



# **Youth Department Program Application – 2019/2020**

**Please complete each section of this application**

*Incomplete applications will not be accepted for Youth Department registration*

Nooksack Youth Department • 360.966.9696 • 5604 Mission Rd, Bellingham, WA 98226

For Office Use Only:

Date/Time Rec'd \_\_\_\_\_



**NOOKSACK BEHAVIORAL HEALTH**

**Consent to share information/School Program(s)**

**RELEASE OF CONFIDENTIAL INFORMATION**

I hereby give my permission for any/all information to be released between Nooksack Behavioral Health and the Tribal Youth Program, as well as my child's school:

*(Check your child's school for **Fall 2019**)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Acme Elementary        | <input type="checkbox"/> Harmony Elementary      | <input type="checkbox"/> Kendall Elementary |
| <input type="checkbox"/> Everson Elementary     | <input type="checkbox"/> Nooksack Elementary     | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Nooksack Middle School | <input type="checkbox"/> Mount Baker Junior High |   |
| <input type="checkbox"/> Nooksack High School   | <input type="checkbox"/> Mount Baker High School |   |

*\*Any shared information between your child's school and Nooksack Behavioral Health will be used for the sole purpose of maintaining and improving your child's academic success.*

Parent/Guardian Signature	Print Name	Date



# **NOOKSACK BEHAVIORAL HEALTH**

## **Client's Rights**

- To be treated with respect and dignity.
- To be provided professional care and services.
- To refuse any participation in service.
- To receive care, which does not discriminate against me and is sensitive to my gender, race, spiritual beliefs, national origin, language, age, disability, and sexual orientation.
- To be free of any sexual exploitation or harassment.
- To review any record of service I have received with a professional staff member of Nooksack Behavioral Health.
- To receive services which we hold as completely confidential.
- To lodge a complaint with Nooksack Tribal Administration or Nooksack Behavioral Health Center if you believe your rights have been violated. A staff member from the Nooksack Behavioral Health Office may, at your request, assist you in filing a grievance.

Behavioral Health: (360) 966-2376 • Fax: (360) 966-3413

2505 Sulwhanon Dr. • Everson WA 98247



**EMERGENCY CONTACTS**

*Valid until I revoke my permission in writing to the Nooksack Youth Department*

Primary Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contacts (In case Primary Guardian cannot be reached, Program staff has authorization to contact the persons listed below):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pick up Location (address): \_\_\_\_\_

Drop off Location (address): \_\_\_\_\_

*\*Changes must be submitted in writing*

The following people have permission to sign out my child for pick up without a note. *\*Changes must be submitted in writing.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**EMERGENCY CONSENT RELEASE FORM**

As the natural/legal guardian of \_\_\_\_\_, I hereby grant permission for a certified Nooksack Tribal Youth Program Staff to perform CPR or Emergency First Aid as necessary. I further authorize and consent to the emergency medical, surgical, and/or hospital care, treatment and procedures to be performed by my child's regular physician, or when the physician cannot be reached, by a licensed practitioner when deemed immediately necessary to safeguard my child's health if I am unable to be reached. I also grant permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Child's Regular Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies and/or medical concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prescribed medication(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Parent/Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



POLICY AND CONSENT FORM

*\*Read and initial next to each policy*

Child's name: \_\_\_\_\_

\_\_\_\_ I, or an authorized adult, will sign in/out my child when dropping off or picking up and will make certain a staff member knows he/she has arrived or is departing.

\_\_\_\_ Only the people whose names are on my child's registration form are allowed to pick up my child, unless an authorized note signed by the primary guardian states otherwise.

\_\_\_\_ Medications prescribed by a physician may be administered to my child by the staff, provided we have medication permission from the primary guardian. All prescriptions must be in the original container and have clear instructions on the label of the medication that is to be administered.

\_\_\_\_ Parents/Guardians must provide written notice of changes in address, phone numbers, emergency information, or any other changes that that are necessary to notify family members, especially in emergency situations.

\_\_\_\_ My child may participate in groups that address the social/emotional need of my child within the Nooksack Tribal Youth Program. I understand that Nooksack Behavioral Health counseling center staff will facilitate group sessions.

\_\_\_\_ My child has permission to be photographed and/or videotaped during the After School or Summer programs for educational or promotional purposes, within the Nooksack Tribal Newsletter, Nooksack Facebook Communications Page, Nooksack website, newspaper, either alone or in a group setting.

\_\_\_\_ My child is to ride on the school bus for field trips and follow all bus rules.

\_\_\_\_ My child may go on spontaneous walks or local field trips (such as Everson Park), without advanced notice as part of his/her educational experience.

\_\_\_\_ If any problems should occur with my child, I have been notified of the disciplinary procedures that will be followed through (see Rules, Regulations and Discipline Policy).

I give my permission/consent for all I have initialed.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Rules, Regulations and Discipline Policy

Please review the rules and regulations with your child to help us ensure the safety of all children and staff.

### General Program Rules

- Respect all people, property, materials, items and field trip locations.
- No swearing or using inappropriate language.
- No public displays of affection.
- No gang related paraphernalia, rags, or gang signs.
- No fighting.
- No stealing.
- No outside junk food allowed (soda, gum, candy, energy drinks, etc.).
- Youth are only permitted to get into their own back pack.
- Youth will protect private property by keeping it with their other personal belongings.
- During field trips, youth must remain with their Team Leader until dismissed.

### Electronic Device Guidelines

- During workshops and group sessions, youth will not be allowed to have devices on. No texting will be allowed during workshops or group sessions. Parents can call our office at (360) 966-9696 if they need to reach their youth during these times.
- If the device becomes a disruption, it will be taken by a staff, given to a Program Manager, and returned at the end of the day.
- Program staff will not be held responsible for lost, stolen, or damaged devices.

### Bus and Van Rules

- Listen to monitors and drivers.
- Hands and heads must remain inside the vehicle.
- Remain seated and facing forward.
- Wear a seatbelt when provided.
- No spitting or throwing objects out the windows.
- Speak in quiet voices.
- No eating or drinking.
- No horse-play.

**Discipline Policy:**

Disciplinary action is considered on a case-by-case basis. The Department Management will work to gather the most information about an incident, and, if necessary, the Director, Program Manager or Program Coordinator will reach out to parents and guardians to seek a partnership to help correct negative behaviors.

In issues of verbal or physical abuse to innocent children, the following actions will be followed.

First Incident: The child will be removed from the group for the day and receive a verbal warning. A notice of the incident will be sent home with the youth.

Second Incident: The child will be removed from the group for the day and receive a written warning. Parent/Guardian will receive a phone call and a notice of the incident will be sent home with the youth.

Third Incident: The child will be removed from the group for the day and the parent/guardian will be contacted to pick up their child. In addition, a referral will be sent to the Behavioral Health counselors to seek a one-on-one meeting. The child will not be allowed to return until after the referral has been completed. The Behavioral Health counselor will then recommend a program specified to the child's needs.

At any point, if the Program Management deems behaviors or physical actions as too harmful and uncalled for, parents will be notified about the situation and that they need to pick up their child. The Youth Department will then work with the family, and possibly other helpful departments, to determine when the child can return to the program.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Nooksack Indian Tribe Youth Department  
Field Trip Permission**

I give permission for \_\_\_\_\_, to be transported to:  
Youth's Name

**ALL FIELD TRIPS DURING THE 2019-2020 YOUTH DEPARTMENT PROGRAMS**

*Please check this box if you agree that your child can attend these field trips*

- These events are free for all youth enrolled in the Youth Department Program. Please remind your child that they must abide by all Rules and Regulations.
- Your child may need to bring additional items, depending on field trips (swim suits, towels, socks, etc.). Please be prepared.
- You may send money with your child to spend for snacks or other items. Staff is not responsible for returning extra money, so consider sending only the amount he/she is allowed to spend.
- Staff is not responsible for lost or stolen items.

In the event of an emergency, this signed permission slip authorizes the Nooksack Indian Tribe Youth Department staff to properly accompany your child to the hospital or doctor most easily accessible.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you have any questions or concerns, please contact:  
Youth Department, 360.966.9696

### **Trampoline Zone Waiver Information**

The last two pages of this form consist of the waiver from Bellingham's Trampoline Zone. These waivers are good for one year. Completing the form now will help your youth have fun at the Trampoline Zone this summer, and throughout the school year.

Thank you for completing this application!



## Waiver, Release, Assumption of Risk, and Indemnity Agreement

(This is an important legal agreement; take your time to read it carefully.)

Initial each item below:

\_\_\_\_\_ By signing this document, I am forever waiving and releasing any and all claims I may now or later have against Trampoline Zone Bellingham, LLC (hereinafter "Trampoline Zone") related in any way to the use of its equipment and facilities, including claims of negligence, and on behalf of myself, my spouse, children/wards, my parents, heirs, assigns, personal representatives and estate, I hereby agree to fully and permanently release, waive and discharge Trampoline Zone, its agents, owners, members, shareholders, directors, partners, employees, suppliers, manufacturers, participants, affiliate, successors, and assigns (collectively the "Released Parties") from any and all claims, liability, demand, or causes of action related in any way to my use of or presence in any real or personal property of Trampoline Zone or the other Released Parties, without regard to whether a claim already exists or may arise in the future. I understand that (a) Trampoline Zone makes its property available to customers for recreation use only, (b) that using the property is purely a volunteer recreational activity designed for fun and is not a service to the general public or necessary in any sense, (c) that I am assuming the risks set forth in this Agreement, and (d) if I am signing this Agreement to allow a minor child to use the equipment, that I am representing and warranting that I have medical insurance and the ability to pay for and indemnify Trampoline Zone from any and all such minor's use of Trampoline Zone property.

\_\_\_\_\_ 1. Assumption of Risk – I acknowledge and understand that the use of trampoline equipment is a risky recreational activity that may result in a serious injury, paralysis, death, or damage to property or third parties. Known risks may include, but are not limited to, falling off equipment, double bounding, collision with fixed objects and/or people, and failed attempted jumps or stunts. I understand that jumping on trampolines is inherently dangerous. Risks are also inherent in the use of a foam pit. Trampoline Zone employees cannot and will not eliminate the risks of jumping on a trampoline or otherwise using the equipment with others. I understand that if I do not want to take these risks or cannot afford to risk any injury, then I should NOT sign this document or use the equipment.

\_\_\_\_\_ 2. Release of Liability – I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Released Parties from any and all claims, demand, or causes of action, which are in any way connected with or related to my participation in any Trampoline Zone activities or my use of any equipment of facilities owned or operated by the Released Parties, including without limitation Trampoline Zone. I am assuming on behalf of myself and/or Minor child, all risks of personal injury, death, or disability to myself and/or the Minor child that may result from participation or use of Trampoline Zone facilities.

\_\_\_\_\_ 3. Warranty of Insurance and Indemnification – I represent, warrant, and certify that (1) I am the parent or guardian of identified Minor(s) listed below and (2) I have adequate medical or other insurance to cover and pay for any possible injury that may occur to me or the minor child for whom I have signed this Agreement, including without limitation any intensification or exacerbation of injury from any preexisting medical or physical condition I or the Minor child may have. To the extent the insurance does not pay for all costs or damages. I also agree to pay for any and all costs and expenses of such injury or damage to myself or to the Minor child for whom I have signed this Agreement. I agree to defend, indemnify and hold Trampoline Zone and the other Released Parties harmless from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever paid, including, but not limited to attorney's fees, cost, damages and/or judgments, related to my use of the Minor child's use of any equipment or property owned by the Released Parties. Without limiting the generality of the foregoing indemnity obligation, I understand that I will be responsible to defend the Released Parties against, and to pay any judgment against the Released Parties, in any claim or lawsuit filed on behalf of the Minor child listed below.

\_\_\_\_\_ 4. Miscellaneous – I agree that (a) the exclusive venue for any dispute or litigation between myself and Trampoline Zone will be in the Superior Court for the State of Washington, County of Whatcom, (b) the substantive law of Washington shall apply without regard to any conflict of law rules of another state, (c) the substantially prevailing party shall be entitled to its attorneys' fees and costs from the other party in any litigation,

and (d) if any part of this agreement is found to be void or unenforceable, the remaining portions shall remain and effect. The waiver, release, assumption of risk, indemnifications, and other legal obligation set forth in the Agreement shall remain in full force and effect and shall be applicable to any and all future use of the Released parties' property by me or the Minor child for whom I have signed this Agreement below. I agree to read and follow the rules of the facility, and to cause my minor child to follow such rules, including without limitations the rules posted on signs within the facility. I agree that I or my Minor child may be required to leave the facility, with no refund, for a failure to follow the rules.

\_\_\_\_\_ I have read the rules of the facility conspicuously posted at the place of payment for use of the facility.  
\_\_\_\_\_ I understand that I am voluntarily giving up the right to bring a lawsuit or claim against the above-mentioned Released Parties. I further understand and accept the above risks related to the activities. I have had sufficient opportunity to read this entire Agreement. I understand the Agreement, and I agree to be bound by its terms.

\*Please print legibly

Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_

**\*Waivers are not valid if any section of the release form has been left blank, as well as any personal information.**