



DIPATTAMENTON ASUNTON MANHO BEN

Department of Youth Affairs
Government of Guam
P.O. Box 23672
Barrigada, Guam 96921
Tel: (671)735-5010 Fax: (671)734-7536



[] HAYA [] KATTAN [] LAGU COMMUNITY SOCIAL DEVELOPMENT UNIT REGISTRATION FORM

Date: _____

Registration Type: [] Community Kids Program: () Afterschool () Intersession (Easter/Summer/Christmas)

[] Community Service [] Service Learning [] Community Mentoring

Participant Name: _____ Age: _____
Last First M.I.

Home/Physical Address: _____

Mailing Address: _____

Date of Birth: _____ Gender: [] Female [] Male U.S. Citizen: [] Yes [] No

School: _____ Grade: _____

Ethnicity: _____ Citizenship/Country Origin: _____

Contact Number(s): _____
Home Mobile

Alternate Number(s): _____

Mother/Guardian: _____
Last First M.I.

Mother/Guardian employer: _____ Work#: _____

Father/Guardian: _____
Last First M.I.

Father/Guardian employer: _____ Work#: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Employer: _____ Employer Address: _____

Contact Number(s): _____

TRANSPORTATION AUTHORIZATION

The following individuals are authorized to drop-off and/or pick-up my child:

1. Name: _____ Relationship: _____ Tel#: _____

2. Name: _____ Relationship: _____ Tel#: _____

3. Name: _____ Relationship: _____ Tel#: _____

4. Name: _____ Relationship: _____ Tel#: _____

MEDICAL INFORMATION

1) Are there any physical limitations that your child has that we need to be aware of? []No []Yes

If yes, explain: _____

2) Does your child have any allergies? []No []Yes

If yes, explain: _____

3) Does your child have any medical conditions? []No []Yes

If yes, explain: _____

4) Does your child take any medications as prescribed by a physician? []No []Yes

If yes, explain: _____

5) Does your child have any dietary restrictions as prescribed by a physician? []No []Yes

If yes, explain: _____

Does your child receive any services or has received service(s) from: []GDOE SPED []I Famagu'on-ta []Sanctuary
[]CSFCD []Others: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event of a medical emergency, I hereby authorize the medical treatment of my child

Child's Name

Hospital Preference: []No []Yes **GMHA** and/or []No []Yes **GRMC**

****Please note that the hospital preference is at the discretion of the EMT when ambulatory services are provided depending on the urgent care needs. ****

Parent/Guardian: _____
Signature Print Name Date

IMPORTANT

PICK-UP TIME IS NO LATER THAN **5:30 PM**. FAILURE TO COMPLY AND/OR CONTINUED NON-COMPLIANCE WILL RESULT IN THE SUSPENSION OR TERMINATION FROM THE PROGRAM.

Parent/Guardian initials

DISCLAIMER: The information you provide is solely for statistical purposes and does **not** determine your eligibility for services.

Please check all that apply.

- ☐ Homeless or at risk of being homeless
- ☐ Foster child
- ☐ Juvenile offender / justice involved
- ☐ Individual with a disability
- ☐ Compact of Free Association (COFA) status
- ☐ Household currently receives public assistance (e.g. WIC, SNAP, Welfare, MIP, Medicaid, Block Grant, GHURA / Sec. 8)
- ☐ None

Check one.

Gross Household Income: ___ \$0 – \$20,000 **Number of Household members:** _____
 ___ \$20,000 – \$40,000
 ___ \$40,000 – \$60,000
 ___ \$60,000 – \$80,000
 ___ \$80,000 +

❖ How did you learn about our resource center's programs/services?

Answer: _____

DYA CONSENT & WAIVER OF LIABILITY

I [Parent/Guardian]_____ hereby give my permission for my child _____ to participate in **ALL** of the Department of Youth Affairs' (DYA) resource center activities and field trips. I expressly waive any and all claims against DYA, its employees, volunteers, agents, representatives, and sponsors, arising from or in connection with any accident, injury, illness or other damages that may be incurred by my child _____ or on said property in connection with any incident during my child's participation in any of the resource center activities.

As the parent/guardian, I have read and understand completely, and agree individually and on behalf of my child or ward, to the terms of the above DYA consent & waiver of liability contract and registration terms. I have also reviewed all the terms of the registration with my child.

Parent/Guardian: _____
Signature Print Name Date

Child: _____
Signature Print Name Date



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[]HAYA []KATTAN []LAGU COMMUNITY SOCIAL DEVELOPMENT UNIT

COMMUNITY KIDS PROGRAM AGREEMENT BETWEEN PARENTS/GUARDIANS and DYA

We the parent(s)/guardian(s) of _____ do hereby agree to participate
(Child's Name)
in the “COMMUNITY KIDS” program by following program rules and regulations. It is our understanding
that any deviations or continued non-compliance may warrant a suspension or termination from the program.

To ensure the safety and welfare of all program participants, random inspections will be conducted to
prevent the spread of head lice or other contagions (pinkeye, boils, scabies, etc.) Any participant with a
suspected communicable infection or disease will be excused immediately from the program and will only
be allowed to return upon proof of treatment and a medical clearance is provided. Resource center staff
with the consent of the site leader may conduct random, contactless searches (bags, person) to ensure the
safety and welfare of all program participants should there be reasonable grounds for suspicion of any
possession of prohibited items. _____ *Parent Initials*

**I understand and hereby release the Department of Youth Affairs, its agent and employees from
any liability due to injury or illness occurring during the course of the program or activity.**

Parent/Guardian (Print & Sign)

Date

DYA Representative (Print & Sign)

Date

DYA Witness (Print & Sign)

Date

Haya Resource Center
#321 Calle Delos Marteres Street, Agat
Tel: (671) 565-5031/2
Fax: (671) 565-5034

Kattan Resource Center
#228 Teresita Street, Mangilao
Tel: (671) 477-9557/8
Fax: (671) 472-2912

Lagu Resource Center
#143 Catalina Lane, Dededo
Tel: (671) 635-4392/3
Fax: (671) 632-0294



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M E D I C A L C O N S E N T

[]HAYA []KATTAN []LAGU
COMMUNITY SOCIAL DEVELOPMENT UNIT

FOR DYA OFFICIAL USE: ONLY COMPLETE "IF APPLICABLE"

PERMISSION TO ADMINISTER MEDICATION AT A DYA RESOURCE CENTER

Name: _____ Date of Birth: _____

MEDICATION	DOSAGE	TIME

Reason for medication(s): _____

Possible Side Effects: _____

Special Instructions: _____

Health Care Provider/Physician: _____

Health Care Provider/Physician Address and Contact Number: _____

TO BE COMPLETED BY PARENT/GUARDIAN

*I hereby request and give permission to the Department of Youth Affairs' resource center staff to administer medication to my child. **I understand that whenever possible, medication(s) should be administered at home. I understand that it is my responsibility as the parent/guardian to provide the medication in the original labeled container marked with my child's name. Any prescription changes will require an additional signed and completed 'Permission of Administer Medication' form.***

I understand and acknowledge that the Department of Youth Affairs' resource center workers are all non-nursing staff, have no formal medical training in the administration of prescription medication and release the Department of Youth Affairs (DYA), its agent and employees from any liability or claim which may arise out of the administration or failure to administer medication to my child [DYA SOP CH5 SEC2].

Parent/Guardian: Print Name

Signature

Date



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[] HAYA [] KATTAN [] LAGU COMMUNITY SOCIAL DEVELOPMENT UNIT

CONSENT FOR THE USE OF NAME/PHOTOGRAPH/VIDEO IMAGE FOR PUBLICATION/VIDEO & MUSIC PRODUCTION FOR THE DEPARTMENT OF YOUTH AFFAIRS PUBLIC PROMOTION/EDUCATION/INFORMATION

- [] I DO **NOT** consent to the use of *my name* and/or photograph/video image.
[] I DO **NOT** consent to the use of *my child's name* and/or photograph/video image.

- [] I **DO** consent to the use of *my name* and/or photograph/video image.
[] I **DO** consent to the use of *my child's name* and/or photograph/video image.

I [parent/guardian printed name] _____, agree (as marked above) to allow the use of my name or my child's name _____ and or photograph/video image for publication in a mass-distributed print medium, and/or mass electronic medium as it relates to the Department of Youth Affairs (DYA) and its programs/activities. I agree (as marked above) to the use of my or my child's photo/video image for promotional and/or educational purpose for DYA programs, events, and activities. I agree (as marked above) to the use of my or my child's personal subject matters, ONLY as it relates to DYA programs, activities and events, to be used to help promote, inform, and educate the public regarding the programs, activities, and events of DYA. I understand that there is no compensation made for such use of my name and/or photograph and/or video image, and I release to DYA all rights to their use. I understand that DYA, although providing information and photographs to the news media, is not responsible for the outcome of any news story or final publication. I understand that the news media have full editorial control of the content.

By signing below, I grant DYA full consent (as marked above), and will not hold DYA liable for any consequence of the publication/use of my or my child's name and/or photo/video image.

Parent/Guardian (Print & Sign)

Date

DYA Representative (Print & Sign)

Date

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CORONAVIRUS/ COVID-19

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to BE ON PREMISES at the DYA YOUTH RESOURCE CENTER (LAGU/ KATTAN/ HAYA) (hereinafter the “Activity or Activities”), I, on behalf of myself and any minor child/children for whom I have the capacity to consent for, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
 2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.
 3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children for whom I have the capacity to consent for) the DEPARTMENT OF YOUTH AFFAIRS, The Government of Guam, directors, agents, employees and assigns (the “RELEASEES”) from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the Activities.
 4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
 5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the Territory of Guam. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A
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MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this

_____ day of _____, 200_____.

SIGNATURE: _____

NAME: _____

NAMES OF MINOR CHILD(REN):

