



## Youth Summit Registration Form

Participants must be 13-18-year-old as of Oct. 1, 2022

Participant's Name: \_\_\_\_\_

First, Middle, Last

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

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Clothing Sizes: Shirt \_\_\_\_\_ Hat \_\_\_\_\_ Pants \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does your child take or have any of the following (if yes please explain)?

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Anything that we should be aware about before your child participates in this program?

\_\_\_\_\_

In case of an emergency (if parents cannot be reached) call:

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

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

Relationship to participant: \_\_\_\_\_

Any additional comments:

\_\_\_\_\_

**For your child to participate in our activities, you must review and sign the Participation Agreement on back**

**SPONSORED BY RALEIGH POLICE DEPARTMENT**

Non-Discrimination Policy: The Raleigh Police Department does not discriminate on the basis of race, color, national origin, sex, religion, age, familial or marital status, economic status, veteran status, sexual orientation, gender identity or expression, or mental or physical disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of any of the aforementioned areas may file a complaint with the Raleigh Police Internal Affairs Unit, the City of Raleigh ADA Coordinator Policy 100-43, or the Office of Equal Opportunities, U.S. Department of Interior, Washington, D.C., 20240.

**Raleigh Police Department  
Youth and Family Services Program  
Participation Agreement**

I acknowledge every effort will be made to contact parents/guardians in the case of a medical emergency. If I cannot be reached, I authorize the City of Raleigh Program Staff to seek appropriate medical (physician, dentist, nurse etc.) care for the above participant. I understand that only those medications which are medically necessary and cannot be scheduled outside the hours of the noted program will be given during the program. I give permission for my child to be transported in vehicles provided by the City of Raleigh. Pictures may be taken of my child while participating in City activities and may be used for program publicity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing or printing your name on the form you authorize or accept terms stated by the Raleigh Police Department.*

WHEREAS the undersigned has requested the use of services, equipment, or facilities belonging to or under the auspices of the City of Raleigh, North Carolina, and to engage in activities for the executive benefit of the undersigned; and

WHEREAS the City of Raleigh does not wish to be liable for any damages arising from the personal injury or property damage sustained thereby.

Now, therefore, in consideration of the mutual promises and other good and valuable consideration, the undersigned does hereby for himself, his heirs, executor, employers, successors or administrator, and personal representatives:

- A. Assume full responsibility for any personal injury or any damage to his/her personal property which may occur directly or indirectly in the course of the noted program.
- B. Fully and forever release and discharge the City of Raleigh, its agents, officials and employees, from any and all claims, demands, damages, rights to action, or cause of action, present or future, resulting from or arising out of this activity.
- C. Agree that it is the intent of the undersigned that this release and indemnity agreement shall be in full force and effect any time after the execution hereof.

**Name of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature (if under 18):** \_\_\_\_\_

**Address, City, State, and Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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WHEREAS The City of Raleigh Code of Ethics prohibits possession and/or use of alcoholic beverages and illegal drugs, and/or sexual interaction, or being present where individuals are partaking of any illegal substance or participating in sexual interaction, or any behavior that violates state or local laws, or City Ordinances, and

WHEREAS The City of Raleigh Code of Ethics demands that all members respect the property of others and the facilities in which the members visit.

We, the undersigned, have carefully read the foregoing release, know the contents thereof and sign it as our own free act. Any infraction of the above will necessitate the participant's parents being

notified and participant sent home immediately upon discover. We understand that our child will be immediately transported home after being dismissed from the activity for violation of the aforementioned Code of Ethics.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **COVID – 19 Risks / Release, Indemnity, and Agreement Not To Sue (revised April 2021)**

The City of Raleigh has been forced to confront the potential dangers associated with the COVID-19 pandemic. The Police Department remains committed to providing high quality programming. However, in order to comply with guidelines from the Centers for Disease Control (CDC) and other federal, state, and local public health agencies, the Police Department has implemented additional safety precautions to ensure that program participants and other Department staff will have a fun, exceptional experience.

The contents of this document supplement applicable program Unless amended herein, all prior policies applicable to the program for which you have registered remain in effect. Please review the following information carefully to learn more about what the City is doing to maintain a healthy program environment and what participants (or their Parents/Guardians, if applicable) should do before participating in the Police program for which you have registered.

#### **COVID-19 Risks**

COVID-19 is a highly contagious and novel viral agent. Its transmission vectors are imperfectly understood, and it may be possible to transmit or become infected by COVID-19 despite strict adherence to guidelines prescribed by the CDC and other federal, state, and local health agencies.

Participants in Raleigh Police Department programs will be in a group setting where they may come into contact with other program participants (instructors, coaches, campers, camp counselors, program staff, and administrators, etc.). Many program activities will be conducted in a public community center setting. As a result, while Department staff will make reasonable efforts to adhere to the above-stated guidelines, participants in programs may be exposed to increased risk of transmission or infection of COVID-19 through various actions or interventions, including but not limited to contact with or proximity to one or more of the following:

- Other program participants, staff members, or administrators;
- The personal belongings of program participants, staff members, or administrators;
- Programming and activity materials including, but not limited to, markers, books, games, toys, recreational equipment, etc.; and;
- City of Raleigh building fixtures and furnishings, including door knobs, chairs, tables, plumbing apparatus, light switches, etc.

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/ trips/falls, musculoskeletal injuries, exposure to and illness from infectious diseases, and any and all risks described in the preceding section. I choose for myself or for my child to participate in the selected programs despite the risks. By signing below, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the counselors, staff members, and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have

to seek payment or relief of any kind from the City of Raleigh, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City of Raleigh, its employees, or its agents and agree to indemnify the City of Raleigh for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

**By signing below, I acknowledge that I have read, understand, and agree to the City of Raleigh policies listed on this form. Signature is required to complete the registration process.**

**Signature of parent/legal guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_**

**Participant Signature \_\_\_\_\_ Date \_\_\_\_\_**

*By signing or printing your name on the form you authorize or accept terms stated by the Raleigh Police Department.*