

Student Registration Form

Student Name	Date of Birth	Gender	Shirt Size
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Name of School	Grade
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Are you a: Member Descendant

Tribal Affiliation

Parent(s)/ Guardian Name & Relationship	Address	Yes <input type="checkbox"/>
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City	State	ZIP	Email	Day Phone	Evening Phone	Cell	Okay to Text? <input type="checkbox"/>
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Emergency Contact Information

Contact Name	Relationship	Phone Number
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The following person/persons have permission to pick up or drop off my child from the Zaagaate' Mentoring Program in my absence. I understand this form gives permission to the named individual(s) to pick up or drop off my child in my absence. I also understand that if I need someone other than the named individual(s) to pick up my child a Daily Permission form must be submitted to the program specialist

Contact Name:	Relationship:	Phone:
Contact Name:	Relationship:	Phone:
Contact Name:	Relationship:	Phone:
Contact Name:	Relationship:	Phone:
Contact Name:	Relationship:	Phone:
Contact Name:	Relationship:	Phone:

Medical Information

Youth has Health Insurance?

Yes No

Healthcare Provider Name & Phone	Company Name & Policy Number
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Do we have permission to give over the counter medications to your child? (ex: Tylenol, Motrin, Tums, etc.) Yes No

Please describe any health (behavioral or physical) related issues (allergies/ medications) *Snacks provided during program

Please tell us about your youth. Provide as much information as possible to best match the youth with their mentor. (hobbies, sports, personality, interests, family)

Caregiver Agreement Form

I give my child permission to participate in the Zaagaate' Mentoring Program during the current 2018-2019 academic school year and the following summer of 2019.

I understand that I am responsible for picking up my child promptly after each activity and to abide by time constraints.

Program time and location may vary depending on the activity for that day
During the school year, there will be a regular after school program one day per week in each of the schools

Shepherd Elementary & Middle School:	Monday	3:00pm – 4:30pm
Fancher Elementary:	Tuesday	3:45pm – 5:30pm
Mary McGuire Elementary:	Tuesday	3:50pm – 5:30pm
Renaissance Academy:	Wednesday	2:00pm – 3:30pm
Mount Pleasant Middle School:	Wednesday	2:35pm – 4:15pm
Saginaw Chippewa Academy:	Thursday	3:30pm – 5:00pm

Please note the Activity Calendar for the days that the program is **cancelled**

Please pick up your child at the designated pick up location promptly. If you will be late dropping off or picking up your child, please let the program Mentoring Specialist, Sarah Deaton or Winnay Wemigwase know 1 hour in advance.

Child's Name	Age	Grade (2018-2019 Academic Year)
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By signing below, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By signing electronically, you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and the Behavioral Health Department.

Caregiver Name	Caregiver Signature	Date
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Caregiver Phone Number	Best way to reach Caregiver
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Mentee Program Agreement

As a youth in the Zaagaate' Mentoring Program I, _____ agree to the following:

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| -To participate in all activities and have a positive attitude | -To do my best to represent the group and the tribe in a positive manner at all times |
| -To be safe and practice safety first at all times | -To help in any way I can if asked |
| -To stay within eye sight of an adult at all times | -To use my words not my hands, or other body parts, or objects to resolve problems |
| -To not leave the group | |
| -To not use foul language or discuss inappropriate subjects | |

Youth Signature	Date
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Photograph/Video Release Form

I, _____ parent/guardian of _____
(Print Name) **(Child's Name)**

do hereby agree that Behavioral Health Programs and its employees, and/or agents have the irrevocable right to use my child's name, picture, portrait, or photograph in all form and in all media and in all manners, without any restriction as to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, publications, promotion, or other lawful purposes. I waive any rights to inspect or approve the photograph(s) or video(s) or finished version(s) incorporating the photograph(s) or video(s), including written copy that may be created and appear in connection therewith.

I hereby release and agree to hold harmless Behavioral Health Programs and its employees and all persons acting under its permission or authority from any liability arising with respect to any works mentioned in the paragraph above. I agree that the photographer(s) own the copyright(s) in these photographs and hereby waive any claims I may have based on usage of the photograph(s), video(s) or work derived there from, including but not limited to claims of either invasion of privacy or libel. I agree that this release shall be binding on my legal representatives, my heirs, assigns, and me. I have read this release and am familiar with its contents. I further agree that I will not receive payment for participation in said photograph(s) and/or videotape(s) produced by Behavioral Health Programs, The Saginaw Chippewa Indian Tribe of Michigan and its agents.

Authorized Signature **Date**

Transportation Consent

I _____ consent for transportation of _____ to an activity
(Print Name) **(Child's Name)**

service being provided by the Saginaw Chippewa Indian Tribe Zaagaate' Mentoring Program.

This consent is effective from _____ to _____ unless revoked by me in writing. In any event, this consent
(Date) **(Date)**

will expire as follows:

(Specify date, event or condition upon which this consent expires)

Signature **Date**