



# Student Registration Form

<b>Student Name</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Shirt Size</b>	<b>Are you a :</b>	Member Descendant
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<b>Name of School</b>	<b>Grade</b>	<b>Tribal Affiliation</b>	<b>Parent/Guardian Name and Relationship</b>
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<b>Parent/Guardian Full Address (incl city, state, zip)</b>	<b>Parent/Guardian Email</b>	<b>Day Phone</b>	<b>Night Phone</b>	<b>Cell Phone</b>
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Is it OK to text Parent/Guardian?:      Yes      No

<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Phone Number</b>
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The following person(s) 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. **(Please list the student's name below if you agree for your student to sign themselves in and out of program).**

<b>Contact/Student Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Contact Name</b>	<b>Relationship</b>	<b>Phone</b>
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<b>Contact Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Contact Name</b>	<b>Relationship</b>	<b>Phone</b>
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<b>Contact Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Contact Name</b>	<b>Relationship</b>	<b>Phone</b>
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### Medical Information

Does the student have medical insurance?	<b>Yes</b> <b>No</b>	Do we have permission to give over the counter medications to your child? (Tylenol, Motrin, Tums etc.)	<b>Yes</b> <b>No</b>
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<b>Healthcare Provider Name and Phone</b>	<b>Company Name and Policy Number</b>
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Please describe any health (behavioral or physical) related issues, including allergies and list any medications currently being taken. (Snacks are provided during program)

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

## Mentee Program Agreement

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

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

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

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.

## Photograph/Video Release Form

I, \_\_\_\_\_  
(Print Name)

parent/guardian of

\_\_\_\_\_  
(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