



DINÉ Y.O.U.T.H. MEMBERSHIP APPLICATION



AGENCY

☐ Chinle ☐ Crownpoint ☐ Ft. Defiance ☐ Shiprock ☐ Tuba City

YOUTH PROGRAM

☐ After School Program
School Year: _____

☐ Summer Program
School Year: _____

☒ Activity: VIRTUAL SCAVENGER HUNT

OFFICE USE ONLY

Membership #:	
<input type="checkbox"/> Checklist <input type="checkbox"/> Medical Health History <input type="checkbox"/> Statistics Form/Income <input type="checkbox"/> Parent & Member Handbook <input type="checkbox"/> Parent Orientation Date: _____	<input type="checkbox"/> Map <input type="checkbox"/> Immunization Form <input type="checkbox"/> CIB <input type="checkbox"/> Individual Education Plan
Member Status: <input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member # of years: _____	
Over 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Entered in Database:	
ODY Staff Signature:	

MEMBER INFORMATION

Last Name	First Name	MI	Suffix (Jr. etc.)	Date of Birth (MM/DD/YYYY)	Age
Mailing Address: (Address, City, State, Zip Code)				Nick Name	
Residential/Physical: (Please be specific; include house #, color, etc.)				Parent E-mail Address	
Home Telephone #	Message Phone #	<input type="checkbox"/> Male <input type="checkbox"/> Female	Youth Participant E-mail Address		
School Name	Grade	<input type="checkbox"/> Yes <input type="checkbox"/> No Live in NHA Home?			
Chapter Affiliation		<input type="checkbox"/> Navajo/Diné <input type="checkbox"/> African American <input type="checkbox"/> Other American Indian <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other _____ <input type="checkbox"/> Multiracial			

PARENT/GUARDIAN INFORMATION

Father/Guardian Name (Last, First, MI)	Occupation
Father/Guardian Employer Name	Work Telephone # & Ext.
Mother/Guardian Name (Last, First, MI)	Occupation
Mother/Guardian Employer Name	Work Telephone # & Ext.

EMERGENCY CONTACT INFORMATION

Name (First, MI, Last)	Telephone #	Relationship
Persons authorized to check out student (must be 18 or older)		
Name (First, MI, Last)	Telephone #	Relationship

☐ Yes ☐ No

Individual Education Plan?

If yes, please explain: _____

☐ Yes ☐ No

Receive Special Services?

Is there anything you would like the Diné Y.O.U.T.H. to know about your child? (i.e. Behavioral/Interests/etc.)

(Initial) I/We understand the Navajo Nation Diné Y.O.U.T.H. rules and authorize my child's membership into the Diné Y.O.U.T.H. Program. I/We have explained the rules of the program to my child and understand the Diné Y.O.U.T.H. will not be responsible for any accident to my child while on premises or on events/activities/trips/projects away from the office.

(Initial) I/We understand the Diné Y.O.U.T.H. program provides youth development in several areas: character, leadership, education, health, life skills, arts, fitness and recreation. I/We understand the Diné Y.O.U.T.H. is not a licensed child care program.

(Initial) I/We hereby release any and all rights and claims for damages, I/we may have against the Diné Y.O.U.T.H. and other sponsoring organizations or representatives for any and all injuries sustained by me or my child. This includes transportation to and from site of such activities, related indirectly/directly to me (and my child's) participation in these activities.

(Initial) I/We give permission to the Diné Y.O.U.T.H. to use any slides, photographs, images, video and statements of my child while participating in any Diné Y.O.U.T.H. activity for Diné Y.O.U.T.H.'s reporting, marketing and promotional uses.

(Initial) I/We hereby give my son/daughter permission to attend and participate in Diné Y.O.U.T.H. program/activities. I/We authorize the Diné Y.O.U.T.H. staff members or qualified Emergency Medical Technician to act on my child's behalf and authorize admittance to a local health facility for emergency examinations, treatment, administration or appropriate medication and surgical procedures required.

Member Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**DINÉ YOUTH****MEMBER MEDICAL/HEALTH HISTORY FORM***(Entire form must be completed and signed by the parent/guardian)*

Youth's Full Name: _____ Date: _____
Mailing Address: _____ City/State: _____ Zip Code: _____
Date of Birth: _____ Gender: Male ☐ Female ☐

Name of Primary Physician: _____ Hospital: _____
Chart No.: _____ Tribal Census No.: _____

INSURANCE INFORMATION:

Policy Holder: _____ Policy or Group No.: _____
Insurance Provider: _____ Medicaid/AHCCCS ID No.: _____

Has child ever or does he/she have any of the following conditions:

YES	NO	CHECK EACH ITEM	YES	NO	CHECK EACH ITEM
		ADD/ADHD			Hypertension
		Anemia			Knee Injury
		Ankle Injury			Kidney Disease/Trouble
		Arthritis			Loss of consciousness
		Asthma			Neck Injury
		Back Pain			Measles
		Bleeding/Clotting Disorders			Menstrual Cramps (severe - FEMALE ONLY)
		Chicken Pox			Migraine Headaches
		Concussion			Mononucleosis
		Contact with TB Patient			Mumps
		Diabetes			Operation/Fracture Year
		Eczema (skin rash)			Pneumonia
		Elbow Injury			Polio
		Emotional Problems			Rheumatic Fever
		Epilepsy/Convulsions			Scoliosis
		Fainting (Frequently)			Seizures
		Frequent Ear Infections			Sinus Trouble (severe)
		Hearing Trouble			Sore Throat (severe)
		Heart Defect/Disease			Spine Injury
		Hepatitis			Tuberculosis Year
		Hernia			Whooping Cough
		German Measles			Wrist Injury

Do child have any allergies to food, medication, insects, animals, pollen, etc.? ☐ Yes ☐ No
If yes, please list: _____
List prescriptions drugs your child is taking: _____
Reason(s) for taking prescription drugs: _____
Is your child receiving medical treatment? ☐ Yes ☐ No If yes, why? _____
Current immunization on file: _____

I give my son/daughter permission to participate in the Diné YOUTH Program. In the event of an emergency or life threatening situation and no other alternative is available, I authorize a DY staff member or qualified Emergency Medical Technician to act as Emergency Authorization on my Child's behalf to admit my child to a local health facility for any of the following: emergency examination, treatment, appropriate medications, and/or required surgical procedures.

Signature of Parent/Guardian (or Participant if over 18 years of age)

Date

NOTE: Signature of Parent/Guardian must be on file with Diné YOUTH for youth to participate in program events, activities, and/or field trips.



DINÉ YOUTH
PARENTAL CONSENT AND RELEASE FORM



VIRTUAL SCAVENGER HUNT @ HOME/OUTDOORS

Youth's Full Name: _____ Age: _____ Date of Birth: _____
School Name: _____ Grade: _____ Gender: Male ☐ Female ☐
Physical Address: _____
Parent/Guardian's Name: _____
Home Phone No.: _____ Cell Phone No.: _____ Work Phone No.: _____
Email Address: _____

GENERAL CODE OF CONDUCT AGREEMENT

I/We agree to abide by all Diné YOUTH rules, policies and procedures, and codes of conducts associated with participation in Diné YOUTH activities or trips. I /We understand that any violations of the code of conduct or parent and member handbook will be handled according to applicable policies. I/We also acknowledge and accept responsibility for conducting myself as a representative of the Diné YOUTH while participating in Diné YOUTH activity/event/trip/project.

CONDUCT DURING ACTIVITY

I understand that my child's participation in the activity/trip is a privilege, and not a right. I acknowledge that I have spoken with my child about my child's need to comply with the specific rules and requirements established for Diné YOUTH activities/trips; Diné YOUTH policies and procedures; and Diné YOUTH Code of Conduct. I understand that all rules and policies apply to my child and other children participating during the course of the Diné YOUTH activity/trip.

CONSENT AND PERMISSION

I, _____, parent/guardian of my child, _____ grant permission for my son/daughter or self (if over the age of 18 years old) to attend and participate in - check one or both - ☐ all program activities or ☐ trip sponsored by the Diné YOUTH either within the Diné YOUTH complex, within the local vicinity, or out of town. I also understand that these activities or trip, will or will not, involve overnight trips.

I have been informed the Diné YOUTH and/or media representatives may want to interview, photograph, or video my child for use in publications, television reports, public presentations, radio and other communications, and websites for the purposes of advertising or publicising events, activities, facilities and programs of the Diné YOUTH. The photographs may be of groups of child participants or individuals, and the child(ren)'s first name only will be used. For child(ren)'s protection online, a child's photo and the last name will not appear together on the Diné YOUTH websites.

Please mark one of the choices below:

- ☐ I give permission for my child to be photographed and interviewed and permission to have my child's name used. Only first name will be used on the website if a photograph of my child is also displayed on the webpage.
- ☐ I give permission for my child to be photographed, but do not want my child's name used.
- ☐ I do not want my child photographed or interviewed and do not want his or her name used.

MEDICAL RELEASE STATEMENT

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the Diné YOUTH staff member to use their judgement in obtaining medical service for my child and act on my behalf to admit my child to a local health facility for emergency examination, treatment, administration of appropriate medication, and/or surgical procedures required. I give permission to a qualified certified medical provider in charge, an Emergency Medical Technician, and/or physician ("medical providers") to render proper medical treatment deemed necessary and appropriate, including hospitalization, anesthesia, surgery, or injections of medications for my child. I authorize the medical providers to disclose to the Diné YOUTH staff member acting on my behalf of examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in program activities.



DINÉ YOUTH

PARENTAL CONSENT AND RELEASE FORM

VIRTUAL SCAVENGER HUNT @ HOME/OUTDOORS



PLEASE LIST ANY SPECIAL HEALTH FACTORS WHICH YOUR SON/DAUGHTER OR YOU HAS, SUCH AS ASTHMA, HEART CONDITION, EPILEPSY, DIABETES, ALLERGIES/ALLERGIC REACTIONS TO MEDICATION, FOOD, ETC.:

PLEASE LIST ANY PRESCRIBED MEDICATIONS THAT YOUR SON/DAUGHTER OR YOU ARE OR WILL BE TAKING WHILE ATTENDING THESE ACTIVITIES OR TRIPS:

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER OF RESPONSIBILITY

In consideration of my child's/self acceptance of this entry, for my child, myself, heirs, or administrators; I/We hereby release the Diné YOUTH, its employees, volunteers, and its sponsoring organizations or representatives ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of any damage or injury sustained by my child/myself in any activity, including any transportation to and from Diné YOUTH site related indirectly/directly to my child's/self participation in said activity/event/trip/project; or (b) arising out of my child's failure to comply with the Diné YOUTH policies, procedures, and the Code of Conduct. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I also understand that these activity/event/trip/project may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

SIGNATURE

I/We confirm that I/we have carefully read this CONSENT AND RELEASE FORM and agree to its terms knowingly and voluntarily.

PARENT/GUARDIAN/SELF: I, confirm that I am the parent or legal guardian of the child or I am a participant 18 years of age or older.

This consent and release has been read and is understood by me.

Signature of Youth

Date

Signature of Parent/Guardian (if youth is less than 18 years old)

Date