



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