Fond du Lac Human Services Division



Name [please print]

NEW YOUTH AND FAMILY

PARTICIPATION ACTIVITIES IN PREVENTION INTERVENTION

Name [please print]

Gender/

Pronoun

Age

In order to be funded, our program will need members to be signed up for Prevention Intervention. <u>Please list all household members that will be utilizing our activities</u>.

Age

Fill out and return via email to HSDPI@fdlrez.com or click on Submit Form button.

Gender/

Pronoun

Did you s	ubmit a picture with this	s application? Yes	No			
Parent / Guardian Information:		Emergenc	Emergency Contact Information:			
Name:		Name:				
Address:		Address:				
Work / Cell		Work / Cell				
Work / Cell Phone:		Work / Cell Phone:				
Work / Cell Phone:		Work / Cell Phone:				

I release the Fond du Lac human Services Division and any volunteers from liability for any accident that may occur during my child's participation in this activity.

I understand that I will be notified in case of an accident if my child needs Medical Services, I give permission for the attending physician to administer the proper treatment.

I give permission for Fond du Lac staff to take Photo's of my child during events.

Prevention Intervention will not be providing transportation/food during these events.

This is a positive alternative activity provided by Prevention Intervention Alcohol/Substance use is prohibited.

Any participants that don't apply will no longer be able to utilize this program.

Parents/Guardians are responsible for all participants while at events and may not leave youth unsupervised.