

Fond du Lac Human Services Division  
Prevention / Intervention Department



# PROGRAM



In order to be funded by our program all members must be signed up for Prevention Intervention. Please list all household members that will be utilizing our activities. Please include all adults and youth.

Name [please print]	Gender	Age

<p><b>Parent / Guardian Information:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Work/ Cell Phone: _____</p>	<p><b>Emergency Contact Information:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Work/ Cell Phone: _____</p>
<p>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.</p> <p>I understand that I will be notified in case of an accident. If my child is in need of Medical Services, I give permission for the attending physician to administer the proper treatment.</p>	

**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.

**Please fill out and send back via email:**

KamiDiver@fdlrez.com

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Must meet program eligibility requirements.

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