

Y.W.R.A.P.
3434 Truxtun Ave., Suite 275
Bakersfield, CA 93301
(661) 325-0128

REGISTRATION FORM

Name: _____ **Today's Date:** _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____

Allergies (please list any allergies to foods): _____

Medications: _____

In Case of an Emergency, Whom Should We Notify:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Informed Consent and Agreement for Services

Introduction: This document is intended to provide important information to you regarding services provided by YWRAP. Please read the document and its entirety carefully and ask questions that you may have regarding anything that is not addressed here, and share concerns that may arise.

Fees: Currently there is no fee for services provided by YWRAP. ***YWRAP reserves the right to periodically adjust the fee, meaning that in the future there may be a fee for services provided.*** You will be notified of any fee adjustment in advance at least 30 prior to. Fees are payable at the time services are provided. Alternate payment arrangements can be made and approved by the CEO.

Confidentiality: The information disclosed by your child will generally be confidential. Exceptions to confidentiality include, but are not limited to, situations where your child poses a threat of serious harm to themselves or someone else. YWRAP and its employees/volunteers are mandated reporters. So in the event a suspicion arises of possible child abuse, elder or dependent adult abuse; a report will be made.

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Acknowledgement: By signing below, you acknowledge that you fully understand the terms and conditions of this agreement and fees for service. You also acknowledge that all questions if any has been answered in regards to services provided. You agree to abide by the terms and conditions of this agreement and consent for your child to participate in services. Moreover, you agree to hold YWRAP and its employees/volunteers free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from services provided.

Participant's Name (Print): _____ Participant's Signature: _____ Date: _____

Parent/Guardian (Print): _____ Parent/Guardian Signature: _____ Date: _____

I understand and have discussed my financial obligation for services provided to my child.

Parent/Guardian (Print): _____ Parent/Guardian Signature: _____ Date: _____

Consent for Minor to Participate

This section must be completed by the parent or legal guardian of the child who will be attending the group.

I hereby consent for my child: _____ to participate in the services provided by YWRAP and agree with service provided and privilege of confidentiality stated above.

Parent/Guardian (Print): _____ Parent/Guardian Signature: _____ Date: _____