

YWRAP
PO Box 12221
Bakersfield, CA 93389
Office: (661) 325-0128
Fax: (661) 325-0129
Email: nieshadavis@ywrap.org



Registration Form

Name: _____ Date: _____

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

Age: _____ D.O.B. _____

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 days prior to.

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 to the proper authorities.

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

YWRAP
PO Box 12221
Bakersfield, CA 93389
Office: (661) 325-0128
Fax: (661) 325-0129
Email: nieshadavis@ywrap.org



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

Consent for Minor to Participate

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):** _____