



*A Self Sufficiency Improvement Support Team*  
 11 N. Parkerson Ave. – Post Office Box 1404  
 Crowley, La. 70527-1404  
 Voice (337) 788-7550 FAX (337) 783-9353  
 Acadia Parish

Jefferson Davis Parish

107 E. Nezpique  
 Jennings, LA 70546  
 337-824-7800 (Phone)  
 337-824-7805 (Fax)

Vermilion Parish

407 Charity Street  
 Abbeville, LA 70510  
 337-898-9554 (Phone)  
 337-898-9095 (Fax)

## ASSIST SUMMER RECREATION REGISTRATION

A completed registration form must be turned in for the participant to receive a Program T-Shirt.

I give my permission for the following child to participate in the 2018 ASSIST Summer Recreation Program:

First Name (Please Print)	Last Name	Gender	Grade	Age	Hispanic?
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City, St, Zip:			
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes:	Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:	Race:		<input type="checkbox"/> Crowley <input type="checkbox"/> Jennings	
T-shirt size: Youth: <input type="checkbox"/> XS <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L Adult: <input type="checkbox"/> SM <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL					

I also hereby grant permission for the ASSIST Agency to take photos of the above child and use those photos on the agency website, social media sites, and other promotional or informational materials. In consideration of the opportunity afforded my child to participate, I agree that my child, my assignees, heirs, guardians, and legal representatives will not make a claim against the Agency, or any of its affiliated organizations related to the use of the photos of my child. I further consent to the unrestricted use by the Agency and/or persons authorized by the Agency of any photographs, recordings, interviews, videotapes, motion pictures, or other visual recordings of my child.

I also give permission for my child to participate in field trips sponsored by the Program.

I also give permission for the Recreation Program personnel to seek medical attention in case of an injury or emergency involving my child.

I can be reached at this phone number: \_\_\_\_\_  
 or alternate phone number \_\_\_\_\_

If I cannot be reached, please call: \_\_\_\_\_

At phone number: \_\_\_\_\_

Other information about my child's allergies/medication: \_\_\_\_\_

\_\_\_\_\_

**NO CELL PHONES OR OTHER ELECTRONIC DEVICES ALLOWED ON CAMPUS. Any devices found will be confiscated and returned only to the parent/guardian.**

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH A COPY OF LAST REPORT CARD OR PROGRESS REPORT**

Auxiliary aids and services are available upon request to individuals with disabilities. TDD (337) 788-7550  
 "An Equal Opportunity/Affirmative Action Employer"

