



A Self Sufficiency Improvement Support Team
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 Acadia Parish

Jefferson Davis Parish
 107 E. Nezpique
 Jennings, LA 70546
 337-824-7800 (Phone)
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Vermilion Parish
 407 Charity Street
 Abbeville, LA 70510
 337-898-9554 (Phone)
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ASSIST SUMMER RECREATION REGISTRATION

I give my permission for the following child(ren) to participate in the 2016 ASSIST Summer Recreation Program : Please Print. Grade is the grade the child will be in August 2016.

First Name	Last Name	Age	Grade	If yes, please explain:
				Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes: Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:
				Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes: Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:
				Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes: Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:
				Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes: Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:
				Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes: Medications: <input type="checkbox"/> No <input type="checkbox"/> Yes:

I also hereby grant permission for the ASSIST Agency to take photos of the above child(ren) 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 consent that the Recreation Program personnel may seek medical attention in case of an injury or emergency involving my child(ren).

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(ren)'s allergies/medication: _____

Parent/Guardian Printed Name: _____

Signature: _____

Date: _____



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

