



The B.L.O.C.K. Emergency Contact Form 2022 Program Year

Youth & Teen Center
1150 Canton Center Rd.
Canton, MI 48188
www.cantonfun.org/146
734/398-5570

Please print clearly. Both page 1 and page 2 of this form must be completed.

Legal Name: _____ Date of Birth: _____

Chosen Name: _____ Pronouns: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Street Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In case of emergency contact: _____

Home Phone: _____ Cell Phone: _____ Relation: _____

Permission for participants to check themselves in and out of After School program and all B.L.O.C.K. functions:

My child has my permission to sign him/herself in and out at the beginning, and at the end of the After School program and all other B.L.O.C.K. functions. I understand that Leisure Services staff will not be responsible for my child and any other children I have taken responsibility for once they sign out and separate themselves from Leisure Services staff.

- Yes, I give my permission.
- No, someone will come in the building & sign my child out daily.

Signature: _____ Date: _____

Permission to Administer Questionnaires to Participants:

I hereby give Canton Township my permission to administer questionnaires to my child for the purposes of improving future programs. I understand that the information collected from my child will remain anonymous and that my child's identity will not be revealed in relationship to the survey.

- Yes, I give my permission.
- No, do not administer questionnaires to my child.

Signature: _____ Date: _____

Permission to Record and Photograph Child Participating in Activities:

I hereby release to Canton Township rights to my child's image, likeness, and the sound of his/her voice as recorded or photographed. I understand this recording or photograph may be edited and placed in publications, and thereafter the recording or photograph may be otherwise available. I agree to release, discharge, and save harmless Canton Township, including its representatives or designees, from any legal proceedings which may arise in relation to the conditions of the above paragraph.

- Yes, I give my permission.
- No, do not record or photograph my child.

Signature: _____ Date: _____

Waiver of Liability & Permission for Medical Consent:

In consideration of Canton Township permitting my child to participate in B.L.O.C.K. events off-site and providing transportation to and from said events, I, on behalf of myself, my child, my heirs, successors and assigns, hereby release Canton Township, its elected and appointed officials, and its employees, volunteers, and agents, as well as the representatives of any other organization connected with this event, from any and all claims for liabilities or damages for any and all property damage or injuries which my child may suffer while taking part in any activities connected with this event. In case of injury, and I am unable to be contacted by your staff, I give my consent to have medical treatment administered to my child if deemed necessary by a physician and understand I shall be liable for any costs associated therewith.

Signature: _____ Date: _____

Please add any information regarding health conditions, allergies, or anything staff should be aware of. The more information we have, the better we can help your child.

Please list any additional emergency contacts:

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

For grant funding purposes, what is the total household income:

0-\$10,000

\$10,000-\$25,000

\$25,000-\$50,000

More than \$50,000

By checking "yes", I certify that the information contained in this application is accurate. I Agree: Yes No

I understand that checking this box constitutes a legal signature confirming that I acknowledge that I am the signer, and further that I agree to the above Terms of Acceptance. Yes No

Parent/Guardian Signature: _____ Date: _____