



SOUTH LYON AREA YOUTH ASSISTANCE SUMMER ENRICHMENT REGISTRATION FORM

This form must be in our office no later than June 24th.

Participant's Name: _____

Birth date: _____ **Age:** _____

Grade in Fall 2010 _____ **Sex:** Male Female

T-Shirt Size (CHILD) S M L **Race:** White African-American

T-Shirt Size (ADULT) S M L Hispanic Asian
 Native American Bi-Racial

Parent/Guardian's Name: _____

Home Address: _____ **City/Zip** _____

Home Phone: _____ **Work Phone:** _____

Session: Elementary Middle School

Email Address where we can send program information _____

IN CASE OF AN EMERGENCY THE FOLLOWING PERSON MAY BE CONTACTED IF PARENT OR GUARDIAN ARE NOT AVAILABLE:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

NAME OF PERSON OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED:

Name _____ **Phone** _____

Consent and Release – Read before signing

I grant permission for my child to participate in the South Lyon Area Youth Assistance (SLAYA) Summer Enrichment program including all on-site and field trip activities. SLAYA is authorized to consent to emergency medical treatment if need arises while the child is in the program. I agree to pay all cost incurred to provide medical care. I understand that SLAYA, its officers, directors, agents, and representatives, and employees, whether voluntary or employed, assume no responsibility whatever for any injury suffered by or medical emergency occurring to this child in the course of the program. On behalf of myself and this child and to the full extent permitted by law, I hereby release exonerate, and discharge SLAYA and its officers, directors, agents, representatives, and employees, whether voluntary or employed, for any and all liability, damages, actions, or causes of action for nay injuries suffered by or medical emergency occurring to this child while enrolled in the program.

In addition, I understand and agree that SLAYA and/or its officers, directors, contractors, agents, and representatives will and are hereby authorized to make audio and or video tapings of the Summer program activities, photographs and edit these at its discretion. On behalf of myself and this child, I hereby authorize SLAYA without payment to myself or on behalf of this child, to record this child's picture and voice on photographs, films, and tapes, to edit these recordings at its discretion, and to incorporate these recordings into movie and sound films, broadcasts programs, public relations and advertising materials.

(Signature of Parent/Guardian)

(Date Signed)

In which municipality are your property taxes paid? (please check one):

- Commerce Township
 Green Oak Township
 Lyon Township
 Milford
 Novi
 Northfield Township
 Salem Township
 South Lyon
 Wixom

New funding regulations from Lyon Township require us to track the number of low-income families that South Lyon Area Youth Assistance serves. **This information is only reported as a number; no names are reported.**

*If you live in Lyon Township, the following question **MUST** be answered.*

- Step 1: Please **CIRCLE** the total number of people who live full time in your household.
 Step 2: Please **CIRCLE** the amount *on the same line* that describes your **total** household income from all sources.

Persons in Household	Extremely Low Income	Very Low Income	Low Income	
1	Less than \$14,700	Less than \$24,450	Less than \$39,150	Greater than \$39,150
2	Less than \$16,800	Less than \$27,950	Less than \$44,750	Greater than \$44,750
3	Less than \$18,850	Less than \$31,450	Less than \$50,350	Greater than \$50,350
4	Less than \$20,950	Less than \$34,950	Less than \$55,900	Greater than \$55,900
5	Less than \$22,650	Less than \$37,750	Less than \$60,400	Greater than \$60,400
6	Less than \$24,350	Less than \$40,550	Less than \$64,850	Greater than \$64,850
7	Less than \$26,000	Less than \$43,350	Less than \$69,350	Greater than \$69,350
8	Less than \$27,700	Less than \$46,150	Less than \$73,800	Greater than \$73,800

OFFICE USE ONLY:

PAID

Check Check #: _____

Cash Amount Collected: \$_____

MAP CHECK GRID: _____

LT? YES NO