



# Pechanga Youth Application

↓ Complete & Return to Pechanga Staff within 5 business days ↓

## STUDENT INFORMATION *PLEASE PRINT CLEARLY* (LIST ALL STUDENTS PARTICIPATING)

|   |  |  |                         |
|---|--|--|-------------------------|
| Student Name: (First, Middle, Last)   |  | Gender: <input type="checkbox"/> M <input type="checkbox"/> F  | Age/D.O.B.              |
| Tribal Affiliation:   |  | Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| School Currently Attending :  |  | Grade Level:   | Current Overall G.P.A.: |
| What are your interests? (Check all that apply)   |  |  |                         |
| <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Leadership <input type="checkbox"/> Arts/Dance/Music <input type="checkbox"/> Sports & Wellness <input type="checkbox"/> College Tours <input type="checkbox"/> Youth Conferences |  |  |                         |
| <input type="checkbox"/> Other: (Please explain) _____  |  |  |                         |

### CHILD 2

|   |  |  |                         |
|---|--|--|-------------------------|
| Student Name:(First, Middle, Last)  |  | Gender: <input type="checkbox"/> M <input type="checkbox"/> F  | Age/DOB:                |
| Tribal Affiliation:   |  | Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| School Currently Attending :  |  | Grade Level:   | Current Overall G.P.A.: |
| What are your interests? (Check all that apply)   |  |  |                         |
| <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Leadership <input type="checkbox"/> Arts/Dance/Music <input type="checkbox"/> Sports & Wellness <input type="checkbox"/> College Tours <input type="checkbox"/> Youth Conferences |  |  |                         |
| <input type="checkbox"/> Other: (Please explain) _____  |  |  |                         |

### CHILD 3

|   |  |  |                         |
|---|--|--|-------------------------|
| Student Name: (First, Middle, Last)   |  | Gender: <input type="checkbox"/> M <input type="checkbox"/> F  | Age/DOB:                |
| Tribal Affiliation:   |  | Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| School Currently Attending :  |  | Grade Level:   | Current Overall G.P.A.: |
| What are your interests? (Check all that apply)   |  |  |                         |
| <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Leadership <input type="checkbox"/> Arts/Dance/Music <input type="checkbox"/> Sports & Wellness <input type="checkbox"/> College Tours <input type="checkbox"/> Youth Conferences |  |  |                         |
| <input type="checkbox"/> Other: (Please explain) _____  |  |  |                         |

### CHILD 4

|   |  |  |                         |
|---|--|--|-------------------------|
| Student Name:(First, Middle, Last)  |  | Gender: <input type="checkbox"/> M <input type="checkbox"/> F  | Age/DOB:                |
| Tribal Affiliation:   |  | Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| School Currently Attending :  |  | Grade Level:   | Current Overall G.P.A.: |
| What are your interests? (Check all that apply)   |  |  |                         |
| <input type="checkbox"/> Tutoring <input type="checkbox"/> Culture <input type="checkbox"/> Leadership <input type="checkbox"/> Arts/Dance/Music <input type="checkbox"/> Sports & Wellness <input type="checkbox"/> College Tours <input type="checkbox"/> Youth Conferences |  |  |                         |
| <input type="checkbox"/> Other: (Please explain) _____  |  |  |                         |

|  |              |
|--|--------------|
| <b>Signature of Parent, Caretaker Relative or Authorized Representative:</b> | <b>Date:</b> |
|--|--------------|



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## HOUSEHOLD AND PARENT CONTACT INFORMATION

|  |                   |              |      |
|--|-------------------|--------------|------|
| Tribal Member Parent/Guardian Name:  |                   | Enrollment # | DOB: |
| Parent/Guardian Name:  |                   | Enrollment # | DOB: |
| Tribal Affiliation:  | Home/Msg. Phone # | Cell Phone # |      |
| Do you live on the Pechanga Indian Reservation: <input type="checkbox"/> No <input type="checkbox"/> Yes |                   |              |      |
| Mailing Address: (City, State, Zip Code)   |                   |              |      |

## PARENT CONSENT AND INFORMATION RELEASE

I  **DO** or  **DO NOT**, hereby grant the Pechanga Tribe, including all of its departments, permission to take photos of my child(ren) and myself for use in their newsletter, website or any other internal use in the future.

I  **DO** or  **DO NOT**, authorize the Pechanga Tribe to publish of photos of myself or those of my family for external use in the future.

I  **DO** or  **DO NOT**, give my child(ren) permission to receive transportation to and from any and all events and activities by the Pechanga Tribe, including all of its departments. I understand that it is also a privilege for my son/daughter to receive these services and failure to adhere to minimum conduct standards may result in suspension of these privileges.

I  **DO** or  **DO NOT**, give my child(ren) permission to walk home from events/activities provided by the Pechanga Tribe, including all of its departments.

I  **DO** or  **DO NOT**, give my child(ren), permission to ride home with a friend (listed below) from events/programs provided by the Pechanga Tribe, including all of its departments.

## LIST OF PERSON(S) YOU CHILD(REN) ARE ALLOWED TO WALK/RIDE HOME WITH:

| Name | Address | Phone # |
|------|---------|---------|
|      |         |         |
|      |         |         |
|      |         |         |

|  |              |
|--|--------------|
| <i>Signature of Parent, Caretaker Relative or Authorized Representative:</i> | <i>Date:</i> |
|--|--------------|



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| <b>EMERGENCY CONTACT INFORMATION</b>   |                           |                         |
|--|---------------------------|-------------------------|
| Primary Emergency Contact Name & Relation:   | Cell Phone #:<br>(    )   | Home Phone #:<br>(    ) |
| Mailing Address: City, State Zip Code:   |                           |                         |
| Secondary Emergency Contact Name & Relation:   | Cell Phone #:<br>(    )   | Home Phone #:<br>(    ) |
| Mailing Address: City, State Zip Code:   |                           |                         |
| <b>MEDICAL INFORMATION</b>   |                           |                         |
| Physician's Name:  | Phone #:                  |                         |
| Insurance Company:   | Policy #:                 |                         |
| Medical Group/Hospital Preference:   | Phone #:                  |                         |
| <b>Does your child(ren) have any known allergies to medications, foods, insects, odors, plants, materials, etc.?</b>     |                           |                         |
| Child's Name   | List Allergies            |                         |
|  |                           |                         |
|  |                           |                         |
| <b>Does your child(ren) have any medical conditions that the program should be aware of?</b>                             |                           |                         |
| Child's Name   | List Medical Condition(s) |                         |
|  |                           |                         |
|  |                           |                         |
| <b>Is your child(ren) taking any medications? If yes please list all medications &amp; time at which they are taken.</b> |                           |                         |
| Child's Name   | Medications               | Time                    |
|  |                           |                         |
|  |                           |                         |

I am the parent/guardian of the above student(s) and hereby acknowledge that I have reviewed the above information with my child(ren) and hereby grant permission for my child(ren) to attend activities, events and field trips with the Pechanga Tribe, including all of its departments. I release the Pechanga Tribe, including all of its departments and individuals from liability in case of an accident during activities related to the Pechanga Tribe, including all of its departments, as long as normal safety procedures have been taken. I understand additional waivers and releases may be required for each activity provided by the Pechanga Tribe.

In the event that I cannot be contacted, I hereby grant Pechanga Tribe, including all of its department employees to contact the persons listed above in the event of an emergency. In the case of an emergency when neither parent/guardian can be reached, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

|  |              |
|--|--------------|
| <i>Signature of Parent, Caretaker Relative or Authorized Representative:</i> | <i>Date:</i> |
|--|--------------|