



**TSE NITSAA DEEZ'ÁHÍ DINÉ BI'ÓLTA'**  
**Rock Point Community School**



**21<sup>st</sup> Century Community Learning Center**

**ENROLLMENT FORM**

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Sex: Male / Female Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
 Tribe: \_\_\_\_\_ Census Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 IHS/PHS Main Facility Use: \_\_\_\_\_ Chart #: \_\_\_\_\_  
 Parent/Legal Guardian Names: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Location of Home (Directions): \_\_\_\_\_  
 Any medical conditions?    No    Yes    If yes, please explain: \_\_\_\_\_

**WAIVER OF RESPONSIBILITY**

By signing the form, I hereby release the Rock Point Community School, 21<sup>st</sup> Century Community Learning Centers, all agencies and/or sponsors whose property and/or personnel are used, and other sponsoring or co-sponsoring organizations, agencies, or individual(s), from responsibilities for any injuries or damages my child may suffer as a result of his/her participation in the said activities and related events. After school disciplinary procedures will follow according to student/parent handbooks issued by the Rock Point Community School.

**STUDENT MEDICAL CONSENT AND PERMISSION**

In case of medical emergency while my child is participating in the said activities, I give authority to any 21<sup>st</sup> Century Community Learning Center staff or chaperone(s) to act on my behalf to seek and secure emergency medical attention/care for my child to the nearest medical/health facility or as recommended by an EMT/EMS responder. I also hereby give authority to any hospital, doctor, and/or EMT/EMS provider to render immediate aid as might be required at the time for my child's health and safety. I further understand that the expenses of these services will be accepted by me. I will not hold Rock Point Community School, 21<sup>st</sup> Century Community Learning Center, agencies and/or sponsors, and other sponsoring organizations, agencies, or individual(s) responsible for complications related to any accident or medical treatment. I understand that IHS/PHS must be notified within 72 hours of non IHS/PHS medical care or the cost will not be paid by IHS/PHS (IHS/PHS policies) and that it is my responsibility to notify IHS/PHS.

I further understand that if an accident or injury is not a true emergency, then my child will be given first aid and a referral to IHS/PHS for further care whereby it will become my responsibility as Parent(s)/Legal Guardian(s) to take my child to the clinic for this care.

As a parent or legal guardian, I certify that all the information provided in this form is true and complete to the best of my knowledge, and I understand all the provisions stated above and certify my compliance with the signature below.

All participating 21<sup>st</sup> Century Community Learning Center students will report back on the After School bus run unless prior written permission from parents/guardians have been received.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian                      Signature of Student                      Date

Note: This form will be kept on file for our records and yours and will need to be updated yearly. Thank you.