



Urban Therapeutic Solutions Participant Registration Form

Youth Contact Information:

Youth's Full Name:

Nickname:

Phone:

Address:

City:

State:

Zip Code:

Email:

Birthdate (dd/mm/yyyy):

Additional Information:

Grade:

School:

Age:

Educational Setting:

Gender:

Ethnicity:

Which living situation best describes the youth's home environment?

Does the youth have an incarcerated parent? (needed for grant data)

Custodial Parent/Guardian Contact Information:

Parent/Guardian Full Name:

Email:

Check if address and phone is the same as above.

Phone:

Address:

City:

State:

Zip Code:

Emergency Contact (different from Custodial Parent/Guardian):

Name:

Phone:

Relationship:



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Health:

Does the youth have any allergies?

If Yes, please explain:

Is the youth currently on any medication

If Yes, please explain (if more than 3 medications, please submit a medication list via e-mail):

Medication #1 Reason

Medication #2 Reason

Medication#3 Reason

Is the youth being treated for any other condition that we should know about?

If Yes, please explain:

Has the youth been evaluated for or diagnosed with any special needs?

If yes, what conditions were identified? Please include disabilities, hyperactivity and/or behavior disorders, and any conditions that resulted in an IEP or 504 Plan at school.

Has the youth experienced any trauma, directly and/or indirectly?

If Yes, please explain:

Activities and Interests:

Are there any activities in which the youth is not able/permitted to participate?

If Yes, please explain:



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Liability Release:

The undersigned does hereby give permission for my child (youth's name), herein after "Participant", to attend and participate in Urban Therapeutic Solutions programs and events for one calendar year following the date of my signature below. In consideration of Urban Therapeutic Solutions allowing the Participant to participate mentoring programs, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Urban Therapeutic Solutions, its directors, employees, volunteers and therapists (collectively herein the "Organizations") from any and all liability, claims or demands for accidental personal injury, sickness or harm, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in mentoring. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in mentoring activities including trips away from the Organization premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and volunteer activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Organization for any liability sustained by said Organization as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Custodial Parent/Guardian Signature:

Custodial Parent/Guardian Printed Name:

Date:

Directions for saving and submitting your completed application:

If you are using the free version of Adobe Acrobat Reader, you cannot make changes to an existing PDF document. In order to save the completed form, click on "File" and select "Save As" from the dropdown menu. Save the completed application using a new filename. We suggest saving the completed application as "UTS Application (first initial last name)" - this will make it easy for us to locate and process each application.

Email your completed application to info@urbantherapeuticsolutions.org