



# YOUTHCITY TEENS

# TEEN PROGRAM 2024-2025

Free, daily for ages 13-18. Beginning August 22nd

FOR MORE INFORMATION: Paige Schnars (801) 550-7488

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## LOCATIONS:

<input type="checkbox"/> Central City Site	615 S. 300 E.	2:00pm - 6:00pm
<input type="checkbox"/> Northwest Site	1300 W. 300 N.	2:00pm - 6:00pm
<input type="checkbox"/> Glendale Library	1375 S. Concord St.	2:00pm - 6:00pm
<input type="checkbox"/> Sorenson Multi-Cultural Center	855 W. California Ave	2:00pm - 6:00pm



Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Student ID# (Lunch Number) \_\_\_\_\_

Powerschool Login \_\_\_\_\_ Powerschool Password \_\_\_\_\_

Race: ☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Pacific Islander ☐ Native American ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Gender: ☐ Female ☐ Male ☐ Other

I qualify for free or reduced school lunch: yes \_\_\_\_\_ no \_\_\_\_\_

Parent Name \_\_\_\_\_ Best # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Text # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ALT # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ ALT Email \_\_\_\_\_

## EMERGENCY CONTACT (other than parent)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

How did you hear about YouthCity? \_\_\_\_\_ Special Needs (if any) \_\_\_\_\_

## Parent or Legal Guardian must read and sign below for child to participate in YouthCity

**Release & Indemnification:** I hereby recognize and acknowledge that my child's participation in activities may involve bodily injury and/or emotional injury to myself and/or child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release negligence based on any injury except that caused solely by the willful misconduct of YouthCity staff, that may result from my child's participation.

**Emergency Treatment:** I hereby authorize Salt Lake City program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

**Transportation Permission:** I hereby give my permission for YouthCity personnel to transport my child or ward for field trips.

I hereby agree and voluntarily assume all risk, which may be associated with or result from my child's or ward's transportation to or from the YouthCity Program. I further agree to release the Salt Lake City School District, YouthCity, Salt Lake City Corporation and Salt Lake County, its agencies, departments, officers, employees' agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents' affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me or my child or ward arising out of any and all activity associated with the aforementioned activities. I have carefully read and understand the contents of this form concerning the transportation of my child or ward.

**Photo Permission:** I give permission for photographs and videotape recordings of my son/daughter's participation in activities with Salt Lake City to be used in promotional materials for this and other partner programs. I understand that these photos and/or videos may be used in brochures, edited video programs, online and other promotional items for informing interested parties about Salt Lake City activities.

**Equal Opportunity:** Salt Lake Corporation YouthCity provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

**Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## Parent or Guardian of Participant Disclosure

Funding stipulations require this program to participate in ongoing evaluations. The evaluation requires us to share participant level data with Department of Workforce Service evaluators. The student level data is personally identifiable and includes information such as your child's name and information about program participation. The evaluator uses these data only for the purposes of fulfilling its duties and will not share these data with any other third parties without your written consent. By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

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PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_