



SOUTH LYON AREA YOUTH ASSISTANCE SUMMER ENRICHMENT REGISTRATION FORM

*Please return this form to the SLAYA office 1000 N. Lafayette South Lyon, MI 48178
or call (248) 573-8189 for drop off information.*

Participant's Name: _____

Birth date: _____ **Age:** _____

Grade in Fall 2017 _____ **Sex:** Male Female

T-Shirt Size (YOUTH) YS YM YL **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 - \$120 Middle School - \$130 **Attending final performance:** Yes No

Additional information for directors of participants (allergies, behaviors, learning needs, etc.) _____

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 the need arises while the child is in the program. I agree to pay all costs incurred to provide medical care. I understand that SLAYA, its officers, directors, agents, and representatives, and employees, whether voluntary or employed, assume no responsibility 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 any 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 \$14,050	Less than \$23,450	Less than \$37,450	Greater than \$37,450
2	Less than \$16, 050	Less than \$26,080	Less than \$42,800	Greater than \$42,800
3	Less than \$20, 160	Less than \$30,150	Less than \$48,150	Greater than \$48,150
4	Less than \$24,300	Less than \$33,450	Less than \$53,500	Greater than \$53,500
5	Less than \$28,440	Less than \$36,150	Less than \$57,800	Greater than \$57,800
6	Less than \$32,580	Less than \$38,850	Less than \$62,100	Greater than \$62,100
7	Less than \$36,730	Less than \$41,500	Less than \$66,350	Greater than \$66,350
8	Less than \$40,890	Less than \$44,200	Less than \$70,650	Greater than \$70,650

Affidavit

APPLICANTS CERTIFICATION: The applicant certifies that all information in this application and all information furnished in support of this application is for the purpose of obtaining funds and that these statements are true to the best of the applicant’s knowledge and belief.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

SIGNATURE _____ **DATE:** _____

OFFICE USE ONLY:

PAID Check #: _____ Cash _____ Credit Card _____ Amount Collected: \$ _____
 MAP CHECK GRID: _____ LT? 0 YES 0 NO