

The Alverno "YESS" Program 2016 Registration Form

(Please complete entire form and mail to The Alverno at 849 13th Ave North, Clinton, IA 52732,
email to: alvernoinfo@merchyealth.com or fax to: 563.243.3016. Forms are due by May 23, 2016.)

PARTICIPANT INFORMATION		
Participant's Name:	DOB:	M / F
Address:	Zip Code:	
Home Phone:	Cell Phone:	
Email Address:	School:	Grade:
Participant Signature:		Date:
PARENT/GUARDIAN INFORMATION (If under 18)		
Name:	Relationship:	Phone:
Email Address:		
EMERGENCY INFORMATION		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Allergies:	Medical Conditions:	
LEARNING TRACKS (Select One)		
<input type="checkbox"/> 1. Business Track (Administration, Marketing, Finance, Human Resources, Admissions)		
<input type="checkbox"/> 2. Clinical Track (Nursing, Therapy, Activities, Social Services)		
REQUIRED Authorization of Participation		
<p>I, the undersigned parents/guardian of _____, give permission for my child to participate in the YESS Program at The Alverno. In the event of medical emergency, I authorize the staff to seek medical attention as required. Further, I shall indemnify and hold harmless and hereby release, remise and forever discharge The Alverno from any and all liability, suits, losses, cause of actions, damage arising or occurring out of participation in the abovementioned program and/or arising or occurring out of any said medical attention.</p>		
GUARDIAN SIGNATURE _____ DATE _____		
OPTIONAL Authorization to Photograph/Videotape		
<p>I, _____, do hereby give permission to The Alverno to photograph/videotape me and/or my child as a participant in the YESS Program. I understand that these photographs or videotapes may be used in one of the following ways: as part of The Alverno's website regarding this specific program; as part of press release articles submitted to local media; as part of The Alverno's newsletters/brochures.</p>		
SIGNATURE _____ DATE _____		

Office Use Only: Received ___/___/___

Accepted ___/___/___

Confirmation Sent _____