

**FRESNO AMERICAN INDIAN CLUBHOUSE  
REGISTRATION FORM**

Client Name: _____ Chart Number: _____
---

The application(s) requested for enrollment at the Fresno American Indian Clubhouse (FAIC) services is attached. The Fresno American Indian Clubhouse is a culturally sensitive after-school program for youth within the Fresno Area. The goal of the Clubhouse is to promote educational achievement, a love for learning, the benefits of a healthy lifestyle, and to teach the children about the dangers of drugs and alcohol abuse. Tutoring, age-appropriate health educational materials, educational field trips, and cultural activities make the Clubhouse a fun and safe learning environment. Please note the requirements for FAIC enrollment.

DATE: \_\_\_\_\_

\_\_\_\_\_ **Complete FAIHP Registration for Participant**

\_\_\_\_\_ **Clubhouse Informed Consent and Disclosures**

\_\_\_\_\_ **Participant and Parent/Legal Guardian Information**

\_\_\_\_\_ **Consent to Treat Medical Services Form**

\_\_\_\_\_ **Medical History**

---

\_\_\_\_\_ **Copy of Most Recent Report Card**

**Registration Complete Staff Initials: \_\_\_\_\_**

**FRESNO AMERICAN INDIAN HEALTH PROJECT  
FRESNO AMERICAN INDIAN CLUBHOUSE**

**INFORMED CONSENT AND DISCLOSURES**

I understand that the services provided at the Fresno American Indian Clubhouse may include the following:

- Boys and Girls Club
- Drug and Alcohol Education
- Tutoring, Homework Assistance
- Computer and Video Courses
- Socialization Skills
- Cultural Activities
- Goal Setting
- Talking Circles
- Psychoeducation Groups
- Theatrical Activities
- Substance Use Prevention and Education
- Field Trips and outdoor sports (permission for each event will be required from the parent/guardian)
- Abstinence Information, Pregnancy Prevention, and Reproductive Education (age-appropriate with written or verbal consent from parent/guardian)
- Arts, Crafts, Recreational Activities (may include movies and games)
- Gang Prevention
- STD & HIV Education/Prevention (age-appropriate)
- Computer & Internet Access (monitored)
- Holiday Events
- Job Training/Placement
- Physical Fitness and Nutrition Education

**Initial following statements:**

Initials \_\_\_\_\_ I authorize the Fresno American Indian Clubhouse staff, volunteers and consultants to assist, teach, inform, and involve my student/child in the above services.

Initials \_\_\_\_\_ I give permission to the Fresno American Indian Health Project to transport my child for Clubhouse activities as verbally requested by a parent/guardian.

Initials \_\_\_\_\_ I understand that some or all my child's personal information may be shared among the Fresno American Indian Clubhouse professional staff or referral agencies in order to better serve my student/child.

Initials \_\_\_\_\_ I understand I will not be charged for Fresno American Indian Clubhouse services.

Initials \_\_\_\_\_  My student/child can participate in all of the services mentioned above.

My student/child can participate in all of the services mentioned above except for: \_\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

In order to provide appropriate services to your participant, we ask that you complete the following sections. The information will be used to place your child in the activities, field trips, and tutoring sessions which they will benefit most from academically and socially. Parent/Legal Guardian information is requested to ensure the safety of your child in case of emergency.

**Participant Information**

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School District: \_\_\_\_\_

Child in special education program:  Yes  No

Child has an Individualized Education Program (IEP):  Yes  No

Are transportation services needed for your child to attend FAIC programs:  Yes  No

Please describe any behaviors, characteristics, allergies, or other information which FAIC/FAIHP staff needs to be aware of:

**Parent/Legal Guardian Information**

Are there custody rights to this child?  Yes  No If, yes, please provide name of parent/guardian: \_\_\_\_\_

In case of an emergency, please list whom Fresno American Indian Health Project need to contact in order of priority:

First to call - First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phone#: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Second to call - First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phone#: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

Third to call - First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Phone#: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

**PERMISSION TO PHOTOGRAPH/VIDEO & PUBLICIZE**

I hereby give permission to the **Fresno American Indian Health Project** to photograph my minor student/child \_\_\_\_\_ at Fresno American Indian Health Project (FAIHP) events or at events the Fresno American Indian Clubhouse (FAIC) attends and coordinates. I understand that photographs or videos of them, or their drawings and writings may appear in newspapers, magazines, on television, video presentations, FAIHP's or FAIC's website and social media outlets, and FAIC/FAIHP's publications.

I agree that I will not demand payment of any kind in the event that my child's picture, video voice, likeness, drawings or writings are used by FAIHP/ Fresno American Indian Clubhouse to promote or publicize any of its programs or activities.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Student/Child**

\_\_\_\_\_  
**Date**

**FRESNO AMERICAN INDIAN HEALTH PROJECT  
FRESNO AMERICAN INDIAN CLUBHOUSE**

**CONSENT TO TREAT MEDICAL SERVICES FORM**

Parent or legal guardian's authorization for adult person to consent for medical treatment or intervention of minor child.

**First and Last Name of Child:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

I authorize the adult representative of Fresno American Indian Health Project to consent to any X-Ray, examination, anesthetic, medical or surgical supervision on advice of any physician or surgeon licensed to practice medicine, when the need for medical treatment or intervention is immediate and when efforts to contact me are unsuccessful. The authorization given pursuant to SECTION 25:8 of the Civil Code of California.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

---

**MEDICAL HISTORY**

Family Physician:

\_\_\_\_\_

Family Physician Phone Number:

\_\_\_\_\_

Describe/List all known allergies:

\_\_\_\_\_  
\_\_\_\_\_

List all medications (prescribed and over-the-counter):

\_\_\_\_\_

Does your student/child have any allergic reactions to the following? If yes, describe reaction, recommended precautions and treatment.

Medications (e.g., penicillin, aspirin, sulfa, etc.) \_\_\_\_\_

Food (e.g., shell fish, nuts, etc.) \_\_\_\_\_

Plants \_\_\_\_\_

**CLUBHOUSE FOLLOW-UP  
PARENT/ LEGAL GUARDIAN INFORMATION**

**- Take this sheet with you -**

In order to participate in Clubhouse activities, please be sure to attend one of our Clubhouse orientations with your youth scheduled for the first and third Tuesdays of each month from 5:30 to 6:30 PM. This meeting provides you and your youth a time to meet the Clubhouse staff, see the Clubhouse space, and discuss the following necessary information:

- Educational Needs
- Consent to Release Academic Information
- Pick Up and Drop Off Agreement
- Transportation: Authorization to Release Student
- California Healthy Kids Survey Consent (3<sup>rd</sup> grade through 12<sup>th</sup> grade)

Please call 559-320-0490 to RSVP for the next orientation.