Explore the Board Registration Packet

The Kodiak Area Native Association (KANA) Prevention Department is excited to partner with Grand Slam Toys and Games to host Explore the Board for all Kodiak students in 6th through 12th grade. This program is free and open to the entire community.

**Location:** Grand Slam Toys and Games – 1420 Mill Bay Road, Suite A.

**Date:** Tuesdays, starting March 24, 2020

**Times:** 4pm – 6pm

**Snacks/Drinks:** Snacks and drinks are allowed at Grand Slam, and are available for purchase, however KANA and Grand Slam WILL NOT PROVIDE any snacks, drinks, or other items unless otherwise stated.

**Updates:** Any updates/changes will be posted on the KANA Prevention Facebook page and, whenever possible, will be announced at prior Game Nights.

**Student Information**

This program is funded by State and Federal grants, and we hope to include students of all backgrounds. The following is used to inform our funders who our programs are reaching.

Name: __________________________________________             Date of Birth: ______________

*Please click on lines to type or print and hand write

Male: ☐    Female: ☐    Other: ___________________

Are you an Alaska Native and/or American Indian Beneficiary?    Yes: ☐    No: ☐

**Parent Information**

Parent/Guardian Name: _________________________________

Home/Work Phone:________________________            Cell Phone: ______________________

Parent/Guardian Name: _________________________________

Home/Work Phone:________________________            Cell Phone: ______________________

*Completed registration packets can be submitted by emailing them to Prevention@kodiakhealthcare.org or by bringing the hard copy to Grand Slam during the program hours. For assistance or questions, please contact Tori Frank at 486-7389.*
STATEMENT OF CONDUCT

YOUTH PARTICIPANT MUST SIGN

I understand that when I attend Explore the Board, I will comply with this agreement:

• I understand that Grand Slam is a business, that this event occurs during business hours, and that I will stay with the group at all times
• I will not leave Grand Slam until I am checked out by an authorized guardian, unless my guardian has indicated I am allowed to check myself out by completing the appropriate section of the Pick Up/Departure policy
• I will respect all program staff and Grand Slam employees by following directions
• I will participate with honesty and good sportsmanship
• I will not criticize, bully, or make fun of other participants or use inappropriate language
• I will not use illegal substances (including tobacco and alcohol) before or during Explore the Board
• I will respect all property of other participants, program staff, and Grand Slam

I understand that if I break the above rules, it may result in the following consequences depending on the severity of the infraction:

• My parents may be called and asked to pick me up for the evening
• I may be asked to take a break from Explore the Board for up to one (1) month
• I may be asked not to return to the event

______________________     _______________________
Youth Signature      Date

PARENT/GUARDIAN MUST COMPLETE

I have read and understand the above rules and consequences my child must agree to in order to participate in KANA Prevention’s Explore the Board program.

In addition, I understand and agree that I will be held responsible for providing compensation for any damage to KANA and/or Grand Slam property, including games, caused by my child for any reason other than an accident.

______________________     _______________________
Parent/Guardian Signature     Date

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PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING

PICK-UP/DEPARTURE POLICY

I understand and agree that it is my responsibility to arrange for my child to be picked up from Grand Slam at 6pm following the close of the event.

I understand that my child will be monitored by KANA staff until they are picked up by an authorized individual, and that my child will not be released to anyone other than a Parent/Guardian or to one of the below authorized individuals unless KANA staff are given prior notice:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Relationship</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

If you would like your child to be able to check themselves out, MEANING THEY DO NOT REQUIRE AN AUTHORIZED ADULT TO LEAVE, please sign the statement below:

I understand and agree/authorize the following:

- My child may check themselves out from the Explore the Board program
- If my child checks out and returns during Explore the Board, they will be allowed to check-in again one (1) time, after which they will be turned away
- My child will be responsible for their transportation and MAY NOT remain at Grand Slam after the 6pm end time
- KANA staff are no longer responsible for my child once they have checked out and left Grand Slam

Parent/Guardian’s Signature: __________________________ Date: _____________

ADDITIONAL FORMS/POLICIES

PHOTO/VIDEO RELEASE

I hereby authorize KANA or their designated agents to use the photographs, video, recordings, and/or any other record of these events taken of me for use in printed and/or online publications. I am aware that these publications will be used to show the success and outcomes of KANA programs. I acknowledge that since my participation in KANA publications is voluntary, I will receive no financial compensation. I may at any time withdraw permission for photos or video footage of me to be used in any publications.

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I understand that the Kodiak Area Native Association (KANA), KANA employees, KANA volunteers, Grand Slam Toys and Games, and Grand Slam employees will not be responsible for any accidents or injuries which may occur during the duration of the program, of my son, daughter, or legal ward except if the injuries are proven to be directly caused by the intentional act or gross negligence of KANA.

MEDICAL TREATMENT RELEASE FOR MINORS

In the event of a medical emergency, I authorize KANA or their designated agents to obtain medical treatment for the minor in the event of my absence. If I am unable to be reached, I hereby authorize the physician or hospital to which the minor is taken to perform all medical services or to have such medical services performed which in the opinion of the physician or hospital are reasonably necessary to the care of the minor.

In case of emergency contact: (Please list someone who is not already listed):

Name: ________________________________  Relationship: _______________________
Address: ______________________________  Phone #: _______________________
Family Doctor: ________________________  Phone #: _______________________
Participants Health and Accident Insurance Company: _______________________
Policy #: ____________________________

Please list below any medications, allergies, or limitations (physical, educational, etc.) you may have that KANA staff and/or other adult volunteers may need to know about:
_________________________________________________________________________________

I affirm that I am the legal guardian of the child whose name appears on the form and have the legal right to sign this agreement.

Name of Minor: _________________________________  Date: __________________

Please Print
Parent/Guardian’s Signature: ___________________________________________
(Parent/Guardian must sign if Participant is under 18 years of age)