



# SOUTH LYON AREA YOUTH ASSISTANCE SUMMER ENRICHMENT REGISTRATION FORM

2020

*Please return this form to the SLAYA office via USPS or call (248) 573-8189 for drop off information.*

**Participant's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Grade in Fall 2020** \_\_\_\_\_ **Sex:**  Male  Female

**T-Shirt Size (YOUTH)**  YS  YM  YL **Race:**  White  African-American

**T-Shirt Size (ADULT)**  S  M  L  XL  Hispanic  Asian  
 Native American  Bi-Racial

**Parent/Guardian's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Session:**  Elementary - \$120  Middle School - \$135 **Attending final performance:**  Yes  No  
7/30/20 Elementary  
7/31/20 Middle School

**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, Facebook, and Instagram.

(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 \$14,900	Less than \$24,850	Less than \$39,700	Greater than \$39,700
2	Less than \$17,000	Less than \$28,400	Less than \$45,400	Greater than \$45,400
3	Less than \$20,780	Less than \$31,950	Less than \$51,050	Greater than \$51,050
4	Less than \$25,100	Less than \$35,450	Less than \$56,700	Greater than \$56,700
5	Less than \$29,240	Less than \$38,300	Less than \$61,250	Greater than \$61,250
6	Less than \$33,740	Less than \$41,150	Less than \$65,000	Greater than \$65,000
7	Less than \$38,060	Less than \$44,000	Less than \$70,650	Greater than \$70,650
8	Less than \$42,380	Less than \$46,800	Less than \$74,850	Greater than \$74,850

**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 for the improvement of the above mentioned property, 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