

**OFFICE USE ONLY**  
Fall 2009

School:  
Placement #

Recipient's Initials:  
Entered in Database:

Paid:

**ANCHORAGE YOUTH COURT**  
**CLASS REGISTRATION FORM**

*Register August 28 – September 17 (Mon. - Thurs. only) between noon and 5:30 p.m. at the AYC office (838 W. 4<sup>th</sup> Ave.) or August 27 at the Loussac Library between 6:30 p.m. and 8:00 p.m. Each class is limited to the first 20 students registered, so register early.*

**QUALIFICATIONS:** Must be a student in the Municipality of Anchorage in grades 7-12 between the ages of 12-18.

**DIRECTIONS:**

1. Complete registration form, return to AYC office personnel along with a \$25 non-refundable fee (cash or check) payable to Anchorage Youth Court at registration. Please complete all required signatures and questions in ink.

2. Registration is on a first come, first served basis due to classroom space availability. There is a limit of 20 students per class. Please call the office at 274-5986, if you have questions.

Today's Date(Month/Year): \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Family's home phone number:** \_\_\_\_\_

**Student's cell phone number:** \_\_\_\_\_

**Student's teen line phone number (if any):** \_\_\_\_\_

**Student's e-mail address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing address, if different from above:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **School Attend(currently):** \_\_\_\_\_  
(mo./day/yr)

**Grade:** \_\_\_\_\_ **High School Graduation Year:** \_\_\_\_\_

All Other Schools You Have Attended in Anchorage: \_\_\_\_\_

If you are home schooled or attend a private school, charter school, alternative school or any school other than the public school for the area where you live, what public school area do you live in? \_\_\_\_\_

If you play sports for, or participate in school activities at, a school other than the school you attend, please name that school (e.g., attend Steller but play basketball for West): \_\_\_\_\_

**Ethnicity:**

<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Multicultural (2 or more)
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Other _____

If Alaska Native, please list all Alaska Native Corporations you are a member of:

\_\_\_\_\_

**Sex:**  Male  Female

Languages Spoken: \_\_\_\_\_

Special Skills: \_\_\_\_\_

\_\_\_\_\_

Sports: \_\_\_\_\_

Other Activities Involved In: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION: Provide complete contact information.**

**Mother/Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone (if any): \_\_\_\_\_

Email address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_

<b>Answering this question may benefit AYC members who fall within the following ranges and provide AYC with grant opportunities. Answers will remain confidential.</b>			
Does your family income exceed the following limits: _____ yes _____ no			
<u># of persons in family</u>	<u>income does not exceed</u>	<u># of persons in family</u>	<u>income does not exceed</u>
1	\$ 41,700	5	\$ 64,350
2	\$ 47,700	6	\$ 69,150
3	\$ 53,650	7	\$ 73,900
4	\$ 59,600	8	\$ 78,650

**WAIVER OF CONFIDENTIALITY UNDER AS 47.10.093**

Upon signing this form and joining the Anchorage Youth Court program, I agree that I will waive my right to confidentiality under AS 47.10.093 in the following manner:

I authorize McLaughlin Juvenile Intake to disclose to the Anchorage Youth Court Legal Advisor and/or the Executive Director information about any crime, which constitutes a misdemeanor or felony, if I should commit a crime in the future while I am an AYC member. Juvenile Intake is authorized to disclose to the Anchorage Youth Court Legal Advisor and/or the Executive Director the circumstances surrounding my arrest provided the charges against me are not dismissed by Juvenile Intake or the Anchorage Police. AYC will not, at any time, have the right to inspect my prior record, which is confidential.

I understand that if I commit a misdemeanor or felony, Anchorage Youth Court may use the information about my crime to bring ethical violation charges against me before the AYC ethics board or to take other appropriate administrative action. Ethical violation charges are not criminal, but are civil in nature. If the ethics board finds, after a hearing at which I may be represented by an AYC counsel, that by committing a crime I have breached my ethical duties, I understand that I can be disciplined by the AYC ethics board, up to and including disbarment, as set forth in the AYC Constitution.

Anchorage Youth Court will only use the information about me in connection with its administrative or ethical proceedings and will not release the information about my crime to anyone who is not directly affiliated with AYC.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Printed Name

**PARENT/GUARDIAN ACKNOWLEDGMENT**

I understand and agree that by joining Anchorage Youth Court and by signing this form, if my child commits a misdemeanor or felony in the future while he/she is an AYC member, Juvenile Intake has the authority to release information about the crime to the Anchorage Youth Court Legal Advisor and/or Executive Director which may result in ethical charges or other appropriate administrative action against my child. I understand that this consent is a waiver of my child's right to confidentiality under AS 47.10.093.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name



**Anchorage Youth Court**

**PO Box 102735**

**Anchorage, AK 99510**

**Phone: (907) 274-5986 • Fax: (907) 272-0491**

**Email: [info@anchorageyouthcourt.org](mailto:info@anchorageyouthcourt.org)**

**Website: [www.ayc.ak.org](http://www.ayc.ak.org)**

**ASSENT AND WAIVER**

(Please use ink.)

I, \_\_\_\_\_, as the parent/guardian of  
(printed name of parent/guardian)

\_\_\_\_\_, hereby agree to allow  
(printed name of registering student)

him/her to participate in the Anchorage Youth Court program. I acknowledge that he/she is a volunteer of the program, and agree to the fullest extent allowable under the laws of the Alaska that I absolve of all liability and waive all claims against Anchorage Youth Court, Inc., or any of its directors, officers, employees or volunteers for any reason that may arise in any way from his/her participation in Anchorage Youth Court events or meetings.

Additionally, I grant permission to the Anchorage Youth Court or its agents to use any photographs of my son or daughter at a youth court related function for any legitimate purpose at any time.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(parent or guardian signature)

\_\_\_\_\_  
(printed name of parent or guardian)

\_\_\_\_\_  
(daytime telephone number)

Please list two other emergency contacts:

\_\_\_\_\_  
(name) (address) (phone number)

\_\_\_\_\_  
(name) (address) (phone number)