



UNITED AMERICAN INDIAN INVOLVEMENT, INC.  
American Indian Clubhouse  
1125 W. 6<sup>th</sup> Street, Suite 103, Los Angeles, CA 90017  
Phone (213) 202-3970 Fax (213)202-3977



Dear Parents/Guardians:

The application(s) requested for enrollment at the American Indian Clubhouse is attached. In order to participate in the Clubhouse activities you must be registered with the entire United American Indian Involvement Program. Please note the requirements for the Clubhouse enrollment are:

- A COMPLETED AMERICAN INDIAN CLUBHOUSE ENROLLMENT APPLICATION
- A COPY OF THE MOST RECENT REPORT CARD
- A COPY OF PROOF OF INDIAN HERITAGE (CDIB, BIA LETTER, TRIBAL ENROLLMENT CARD)
- A COPY OF THE YOUTH'S IMMUNIZATION CARD
- A COPY OF THE YOUTH'S MEDICAL INSURANCE CARD
- A COPY OF THE YOUTH'S IDENTIFICATION CARD (CID, SCHOOL, ETC.)
- A COPY OF THE YOUTH'S SOCIAL SECURITY CARD
- A COMPLETED UAII INDIAN HEALTH PROJECT INTAKE/REGISTRATION PACKET

The completed application can be filled out while on the premises, mailed back, or brought in at your convenience.

The American Indian Clubhouse is an after school program for youth within the Los Angeles County area. All weekday activities are scheduled from 6:00pm – 8:00pm, and weekend activities generally run from 12:00pm – 4:00pm. Parents/Guardians must call the Clubhouse (213-202-3970, ext 7120) by 12:00pm the day of the event to reserve a spot. If the activity is cancelled for any reason, we will contact you by 4:00pm that day. As a general rule, there are no activities scheduled on rainy days. Please consult our monthly calendar to check for specific age-group programming.

Thank you,

Ramon L. Enriquez  
UAII Director of Youth Services  
[ramone@uaii.org](mailto:ramone@uaii.org) / m (213)305-3245



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## REGISTRATION FORM

In order to provide appropriate services to your child, we ask that you complete the following sections as thoroughly as possible. The information will be used to place your child in activities, which they will benefit most from academically and socially.

### Child Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street Number) (Street) (Apt.#) (City) (Zip Code)

Home Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Tribe(s) enrolled in \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Is child in a year round school? YES( ) NO( ) Is your child in special education? YES( ) NO( )

Does child have any behaviors that the Clubhouse staff should be aware of? (i.e. anger, violence, teasing, insecurities, etc.)

\_\_\_\_\_

Parent Information Are both parents living in the home? YES( ) NO( )

#### **Mother/Female Guardian** (please circle which one applies)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Tribe Ethnicity \_\_\_\_\_ Is Parent an enrolled member of a tribe? YES( ) NO( )

Address \_\_\_\_\_  
(Street Number) (Street) (Apt.#) (City) (Zip Code)

Home Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

#### **Father/Male Guardian** (please circle which one applies)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Tribe Ethnicity \_\_\_\_\_ Is Parent an enrolled member of a tribe? YES( ) NO( )

Address \_\_\_\_\_  
(Street Number) (Street) (Apt.#) (City) (Zip Code)

Home Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_





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**INFORMED CONSENT AND DISCLOSURE**

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

- Drug, Alcohol and Tobacco Prevention Education
- Tutoring
- Computer Skills Development
- Video Production
- Socialization
- Talking Circles/Therapeutic Groups
- Theatrical Activities
- Reading Activities
- Cultural Activities
- Field Trips and Outdoor Sports (Permission for each event will be required from the parent/guardian)
- Abstinence information, Pregnancy Prevention, and Reproductive Education
- Arts and Crafts
- Goal Setting
- Recreational Activities (movies, games)
- Gang Prevention
- STD and HIV Education
- Computer and Internet Access
- Holiday Events
- Job Training/placement

Initial the following statements:

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

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

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

\_\_\_\_\_ **I give United American Indian Involvement and the American Indian Clubhouse permission to transport my child(ren) by agency or private vehicles.**

\_\_\_\_\_ I understand that some or all of my child’s personal information may be shared among the American Indian Clubhouse representatives in order to better serve by child.

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

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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### Third Party Consent for Medical Services

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

I, \_\_\_\_\_ the parents or legal guardian of:  
(Parent's or Legal Guardian's Name)

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Authorize the adult representative of the American Indian Clubhouse to consent to any x-ray, examination, anesthetic, medical or surgical supervision on the 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. This authorization given pursuant to Section 25:8 of the Civil Code of California.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

#### Parent Information

Mother       Father       Legal Guardian

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street Number) (Street Name) (Apt#) (City) (Zip Code)

Home Phone \_\_\_\_\_

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



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### Medical History

***Must complete all information, please bring immunization cards to complete registration***

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street Number) (Street Name) (Apt#) (City) (Zip Code)

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_

Business Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Does your child have any allergic reactions? If yes, describe reaction, recommended precautions and treatment:

\_\_\_\_\_

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

Medication (e.g. Penicillin, aspirin, sulfa, etc.) \_\_\_\_\_

Food (shellfish, nuts, lactose, etc.) \_\_\_\_\_

Plants \_\_\_\_\_

Please furnish the following information about your family's health/hospitalization insurance (please bring any medical cards / MediCal cards so we can make copies)

Insurance Company and Address \_\_\_\_\_

\_\_\_\_\_

Subscriber \_\_\_\_\_ Certificate/Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

What medications, if any, is your child taking presently? \_\_\_\_\_



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### Medical History

- Frequent Colds\_\_\_\_\_
- Frequent sore throat\_\_\_\_\_
- Sinus Problems\_\_\_\_\_
- Abscessed ears\_\_\_\_\_
- Fainting\_\_\_\_\_
- Bronchitis\_\_\_\_\_
- Stomach upsets\_\_\_\_\_
- Hay Fever\_\_\_\_\_
- Asthma\_\_\_\_\_
- Chicken Pox Measles\_\_\_\_\_
- German Measles\_\_\_\_\_
- Frost Bite\_\_\_\_\_ Give Details\_\_\_\_\_
- Fractures\_\_\_\_\_ Give Details\_\_\_\_\_
- Sprains\_\_\_\_\_ Give Details\_\_\_\_\_
- Operations or serious injuries\_\_\_\_\_
- Other diseases\_\_\_\_\_
- Mumps\_\_\_\_\_
- Whooping cough\_\_\_\_\_
- Diabetes\_\_\_\_\_
- Polio\_\_\_\_\_
- Rheumatic Fever\_\_\_\_\_
- Tuberculosis\_\_\_\_\_
- Epilepsy\_\_\_\_\_
- Heart Trouble\_\_\_\_\_
- Sleep Walking\_\_\_\_\_
- Constipation\_\_\_\_\_
- Arthritis\_\_\_\_\_

**Immunizations** (give dates of the latest inoculation or booster - make sure to bring records with your registration)

- DPT series\_\_\_\_\_
- Polio series\_\_\_\_\_
- Measles\_\_\_\_\_
- Tuberculin test\_\_\_\_\_
- Tetanus booster\_\_\_\_\_
- Rubella\_\_\_\_\_
- Small Pox\_\_\_\_\_



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**RULES AND CONSEQUENCES AGREEMENT**

RULE	CONSEQUENCE
<ul style="list-style-type: none"> <li>• Hitting/fighting/bullying/wrestling</li> <li>• Disrespect/Lying/Not Obeying staff</li> <li>• Leaving Clubhouse premises w/out permission</li> <li>• Foul Language</li> <li>• Van Misbehavior (not wearing seatbelt, leaving trash in vehicle, not following directions)</li> <li>• Not following Clubhouse computer rules</li> </ul>	<ol style="list-style-type: none"> <li>1. Verbal warning from staff</li> <li>2. Parents contacted for discussion</li> <li>3. Suspension</li> </ol> <ul style="list-style-type: none"> <li>• <i>“Time-outs” may be used to correct behavior for youth ages (5-12)</i></li> </ul>
<ul style="list-style-type: none"> <li>• Stealing or vandalizing property</li> <li>• Sexual Misconduct</li> <li>• Possessing weapons or disallowed items</li> <li>• Using or possessing drugs/alcohol/tobacco</li> </ul>	<ol style="list-style-type: none"> <li>1. Parents contacted and suspension</li> </ol>

Clubhouse staff will determine length and severity of all suspensions. All suspensions will be followed by a mandatory probation period. Clubhouse staff will determine length and stipulations for the probation.

I understand and agree to abide by these rules:

\_\_\_\_\_  
 Signature of parent or legal guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of child

\_\_\_\_\_  
 Date



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### Community Resource Center Usage Agreement

The Community Resource Center (CRC) is a valuable resource that can be used to conduct job searches, research health related questions. However, to ensure that the computers remain in good condition the following guidelines must be followed and agreed upon:

1. All clients must sign in with the Receptionist upon arrival.
2. Users may **only** use computers to 1) improve their opportunities for finding employment, i.e., conducting job searches, writing resumes, researching a specific occupation etc. ; 2) access the internet to conduct research on **health** related questions such as questions you may have on your prescribed medications or your current health condition and 3) research/work on **school** related assignments or academic tutorials.
3. Do **not** download any sites or programs, including music and games.
4. Do not change the settings on the computers for any reason.
5. No "adult only" websites may be accessed from the computers in the CRC.
6. Usage of staff phones and /or computers, unless authorized, is prohibited.
7. Do not use any outside CD's or diskettes unless authorized to do so after a virus check has been conducted by CRC/AIC staff.
8. NO food or drinks may be near or on the same workstation at the computers.
9. In the event that there is a waiting list for computer use, you will be limited to 30 minutes.
10. Tagging or defacing property will result in termination of your use of the CRC.
11. Any person using foul language and/or displaying rude or threatening behavior to other clients or staff will be asked to leave the CRC immediately.
12. CRC materials (books, videos, etc.) may not be removed from the CRC.
13. Clubhouse members are to use computers **ONLY** when staff is present.
14. Absolutely **NO** chat rooms may be accessed.
15. E-mail may **only** be accessed with staff approval.

Disregard of any of these guidelines may result in your privileges to the Community Resource Center being revoked on a temporary or possible permanent basis.

I understand the above and agree to the terms to use the computers in the Community Resource Center.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



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**PERMISSION TO PHOTOGRAPH/VIDEO AND PUBLICIZE**

I hereby give permission to the American Indian Clubhouse to photograph my minor child \_\_\_\_\_ at United American Indian Involvement, Inc. (UAI) events or at events the Clubhouse attends. I understand that photographs or videos of them, or their drawings and writing may appear in newspapers, magazines, or television, video presentations, UAI's or American Indian Clubhouse websites and UAI's publications.

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

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of child

\_\_\_\_\_  
Date

### Client's Bill of Rights

**The client has the right to receive services and to exercise the following rights without regard to gender, culture, ethnic group identification, economic status, education level, disability, age creed, religion, or sexual orientation. This statement shall not preclude UAI, Inc. from emphasizing services for the American Indian/Alaska Native community:**

- ❖ The client has the right to receive considerate and respectful care and to be accorded dignity in contact with staff, volunteers, board members, and other persons.
- ❖ The client has the right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- ❖ The client has the right to expect that all communications and records pertaining to his/her care be treated as **confidential** except in cases of threat to self or others, child abuse, elder or dependant adult abuse or court order. The client's written permission shall be obtained before their records can be made available to anyone not directly concerned with their care. UAI shall assure confidentiality in accordance with Title 42, Code of Federal Regulations, Part 2.
- ❖ The client has the right to know the name of the provider who has primary responsibility for coordinating their care and the names and professional relationships of other providers who will see them.
- ❖ The client has the right to obtain complete and current information concerning their diagnosis, treatment, and prognosis in terms that the client can be reasonably expected to understand.
- ❖ The client has the right to participate in decisions, regarding their care unless the health or safety of self or others is being compromised or the client is in an altered state.
- ❖ The client has the right to refuse treatment to the extent permitted by law, and to be informed of the health care consequences of the action.
- ❖ The client has the right to be accorded access to his or her file.
- ❖ The client has the right to leave the premises even against the advice of their providers.
- ❖ The client has the right to expect that United American Indian Involvement will make reasonable response to all requests for services and provider clear explanations for any services that cannot be provided.
- ❖ The client has to right to expect reasonable continuity of care and to know in advance the time and location of appointments.
- ❖ The client has the right to know the program rules and regulations are that apply to his/her participation in the program.
- ❖ The client has the right to be advised if the provider proposes to engage in research or perform experimentation that in any way affects their care. The client has the right to refuse participation in experimental research.

- ❖ The client has the right to be accorded safe, healthful and comfortable accommodations to meet his/her needs.
- ❖ The client's rights will be extended to and apply to any person who is identified to have legal responsibility to make decisions regarding the care of the client.
- ❖ The client has the right to appeal a discharge or file a complaint with the Program Director according to the grievance procedure\*

**CLIENTS HAVE THE RESPONSIBILITY TO:**

- ❖ Provide accurate and complete information concerning your health history, financial status and/or any other information that is required by UAI in order to provide services.
- ❖ Inform United American Indian Involvement and /or referring facilities if you are not able to keep any appointments 24 hours prior to the scheduled appointment.
- ❖ Request further information concerning anything you do not understand.
- ❖ Speak with the Program Director if you are having difficulty with any staff members.
- ❖ Treat the staff and other clients in a respectful and courteous manner.
- ❖ Follow all rules and guidelines for program participation and use of the UAI facilities.

**UAI HAS THE RIGHT TO:**

- ❖ Refuse service to any client who is verbally or physically abusive or threatening to any staff member or other client (on the phone or in person).
- ❖ Refuse service to any client who is under the influence of alcohol, drugs or other substance.
- ❖ Suspend or terminate services of any client who does not comply with the guidelines or rules that are outlined for use of UAI programs or facilities.

**I have reviewed the Client's Bill of Rights and understand what my rights and responsibilities are as described above. Furthermore, I understand that I may file a grievance using UAI procedures\* if I feel these rights have been violated.**

Print Name of Client \_\_\_\_\_

Signature of Client \_\_\_\_\_

Date \_\_\_\_\_

Signature of UAI Staff \_\_\_\_\_

Date \_\_\_\_\_

**\*The Grievance Policy and Comment Forms are available at the front desk upon request.**