



REGISTRATION FORM

For office use only
Date received:

PARTICIPANT ENROLLMENT

Participant Name (First): _____ (Middle Initial): _____ (Last): _____ Suffix (Jr., III): _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Two Spirit <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender	<input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Prefer to self describe: _____ <input type="checkbox"/> Prefer not answer	Race (check all that apply): <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaiian	<input type="checkbox"/> Multi <input type="checkbox"/> Other <input type="checkbox"/> White	Ethnicity <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/Latinx
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Birth Date (mm/dd/yyyy): _____ Age: _____ Tribal Affiliation/Identity: _____ Are you a Maricopa County resident?
 Yes, I am. No, I am not.

Participant Phone Number: _____ Participant Email: _____

Mailing Address: _____ Apt./Unit: _____

City: _____ State: _____ Zip Code: _____

PARTICIPANT FAMILY INFORMATION

Do you have children/youth in your care?
 No, I do not. Yes, I do. If yes, how many children are in your care? _____

Are you a foster caregiver/parent? Yes No

Is this your first time taking P2W? Yes No

Child(ren)/Youth Information:

Name	Relationship	Age	Gender	Tribal Affiliation/Identity

Primary Language Spoken at Home:
 English Native American Language Spanish Other Language(s): _____

EMERGENCY CONTACT

Emergency Contact: _____ Relationship to participant: _____ Emergency Contact Number: _____

PREFERRED METHOD OF CONTACT

Preferred method of contact for reminders, updates, and information pertinent to program:
 Phone call Email Text Message



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LOCATION OF WORKSHOP

zoom

Please note that participants will need to create a Zoom account to attend this workshop.

Here are some helpful tips for using Zoom:

1. What device will you be using? Please go through these steps well before the webinar or meeting.
 - o Attending using a mobile device (phone)? Be sure to download the Zoom app
 - o Attending using a laptop or desktop computer? Create a FREE Zoom account at www.zoom.com
2. Go to the link provided and provide any pre-information (if necessary) before the start of the webinar
3. Be sure to click on the provided link and log into the webinar a minimum of 5-10 minutes early. That will give time to fix problems if needed.

If you have any questions about how to set up a Zoom account, please contact the Prevention Team for assistance.

ITEMS LIST

In order to successfully participate in the P2W program, there are some materials that will be necessary in order to receive a full experience of the program, as listed below:

- Access to Zoom (internet, technology device such as a phone, tablet, laptop, or computer that has audio/visual components for voice/video connection)**
- Pen, pencil, or other writing material
- Paper, notebook, materials to take notes.

** If you need assistance accessing these items, please contact our Prevention Team**

Below are items that will be mailed to participants in Arizona prior to start of program. Participants may arrange to have items picked up from the Phoenix Indian Center if preferred. Most items are not required to participate, but will be helpful for participants to have over the course of the program:

- Parenting in Two Worlds Workbook
- Notebook, pen
- Markers, crayons
- Ruler, scissors
- Construction Paper



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RESPONSIBILITIES & AGREEMENTS

(Participant: Please, initial next to each statement below.)

<input type="checkbox"/>	<p>Release, Indemnity, and Assumption of Risk:</p> <p>This Release, Indemnity, and Assumption of Risk statement covers all activities, events, sessions, meals, occurrences, participation, observation, and travel between activities, associated with this project. I hereby consent to participate. I agree to assume the risk of any events associated with my participation, observation, or other activities that may result in any harm, injury, illness, damage or loss to myself. I hereby release, waive, and hold harmless Phoenix Indian Center, or other organizations involved in the program or any of these organizations agents, personnel or volunteers from any claims, liability, or responsibility for any such injury, illness, damage or loss. I understand the activities are voluntary, and I agree to accept the responsibility for my personal safety and participation in the program. I consent to the provision of emergency medical treatment to the extent the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my ability to participate in any event or activity associated with the Phoenix Indian Center. I agree to discuss my concerns with my physician before signing this form.</p>	
<input type="checkbox"/>	<p>I further hereby authorize and give full consent to PHOENIX INDIAN CENTER, INC. to reproduce, publish, display, post online and/or copyright all written information, live broadcasts, still or motion photographs/videos and/or voice recordings taken by them or agents, in which participant may appear.</p>	
<input type="checkbox"/>	<p>I release PHOENIX INDIAN CENTER, INC. and its funders, representatives, and assignees from any and all claims, demands and causes of action of every nature and kind arising out of or connected with the use of these broadcasts, photographs, videos and/or voice recordings.</p>	
<input type="checkbox"/>	<p>I further agree that PHOENIX INDIAN CENTER, INC. may use or cause to be used, these items for any and all exhibitions, public display, publications, commercial art, advertising and marketing purposes without limitation or reservation or any fee.</p>	
<input type="checkbox"/>	<p>Program Participant Responsibilities:</p> <ul style="list-style-type: none"> • Punctuality. Participant should show up on-time for all scheduled sessions. • Communication. Participant should inform staff of contact information changes, as well as concerns related to the program or activities; e.g. technology, housing, personal issues, etc. • Participant agrees to abide by all rules and standards, established by the Phoenix Indian Center Inc. (e.g. no inappropriate clothing, inappropriate language, improper use of equipment, no drugs, alcohol, and firearms allowed to be displayed or in use during sessions.) If staff or facilitators observe any of these behaviors, staff will contact participant to address the issue. 	
<p><i>This agreement will remain in effect for the duration of the program. The Phoenix Indian Center personnel will be advised of any violations of agreement and appropriate action may be taken to remedy the situation, including family discussions or possible suspension or termination from the program.</i></p>		
<p>I have read and understand the terms and conditions of this registration form and further understand my responsibilities as a program participant. I understand this authorization shall be in effect for the direction of my acceptance and participation in the program. By signing below, you indicate that you want to participate in this exciting program to help raise American Indian youth in an urban environment and the opportunity to be a part of community-based curriculum for American Indian families.</p>		
Participant Signature:	Participant Printed Name:	Date:



**Parenting in 2 Worlds
Participant Information Form**

Dear Participant,

The Phoenix Indian Center is implementing a substance abuse prevention program called *Parenting in 2 Worlds (P2W)*. *Parenting in 2 Worlds* focuses on parent communication strategies, guiding behavior, decision-making strategies, resistance strategies, and responses to risky behaviors by children and teens (including risky sexual behavior). As part of the overall program, there will be an evaluation of the curriculum's effectiveness that consists of surveys at the beginning and end of the program. *Participation in the surveys is voluntary. You do not have to take the survey to participate in the program.*

Survey Content: The surveys gather information on your background, as well as attitudes, thoughts and behaviors around the use of alcohol, tobacco and other drugs.

The Evaluation Survey is Voluntary: Your participation in the program evaluation is voluntary. If you agree, you are only asked to answer the survey questions you want to answer, you may stop taking the survey at any time without penalty or consequence, and you may still participate in the program.

The Evaluation is Confidential: All personal information collected in the surveys will be kept private. The only place in which your name will appear will be on this receipt of Information Form. The only persons who will see the Participant Information Form are the staff persons conducting the survey. The results from these surveys help the program improve and for the Governor's Office of Children, Youth and Families, Parent Commission Program Division for Substance Abuse Policy (GOCYF) learn about the effectiveness of the program. Names of the individual participants **will never** be shared with the GOCYF.

For Further Information: If you have any questions or concerns about your participation in this program or the program evaluation, please contact: Micheon Gorman, Program Manager. Email: mgorman@phxindcenter.org Phone: (602) 264-6768
Address: Phoenix Indian Center; 4520 N Central Ave, Ste 250 Phoenix, AZ 85012

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**Parenting in 2 Worlds
Substance Abuse Prevention Program**

Please sign below and return this form immediately.

Yes, I understand and received a copy of the Participant Information Form.

Signature of Participant

Date

Thank you for completing and returning the Participant Information Form.