PROYOUTH SUMMER PROGRAM 2022 REGISTRATION FORM

Student Information

Student's Full Legal Name: _____ Birth Date: ____/____/____ Age: _____

School Name: _____ Grade: _____ Is your child in HEART? ☐ Yes ☐ No

Gender: _____ Ethnicity/Race: _____ Primary Language: _____

Student Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Relationship: _____

Phone #: _____ Email: _____

Occupation: _____

Do you have any other students (siblings) in the ProYouth Program? Name(s) and grade(s) _____

Emergency Contacts/Release Authorization

Students enrolled in ProYouth Programs will only be released to individuals who are designated by parents(s)/guardian(s) and are at least 16 years of age with a valid ID. Please list other individuals you authorize to pick up your student from the Program.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Student Dismissal

Please check the appropriate box: ☐ **Pick-up** ☐ **Walker**

_____ (Initial of parent/guardian) Should I designate my student as a pick-up, they must be picked up promptly by the end of the Program.

_____ (Initial of parent/guardian) Should I designate my child as a walker, I give permission to ProYouth staff to release my child at the end of the Program time.

Student Medical Information

My child has the following allergies, medicine reactions, or physical conditions which should be made known to a treating physician.

Allergies or other medical concerns: _____

Medications and schedule: _____

Photo Release

Occasionally, ProYouth activities may be photographed, video- and/or audio-recorded for educational, publicity, or fundraising purposes. Please indicate if you give permission for your student and/or yourself to appear in videos or audio recordings without compensation.

_____ **Yes**, I give permission _____ **No**, I do not give permission

Participation Waiver and Release

My child has my permission to participate in the ProYouth Program and all ProYouth sponsored activities, including all sports and physical education activities that may be offered as a component of ProYouth. I understand and acknowledge that participation in sports and physical educational activities poses risks to my student, including the risk of strains, sprains, broken bones, and serious injury or death. I hereby certify that the minor is my child and I do hereby certify that, to the best of my knowledge and belief, said minor is in good health.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants engaged in all ProYouth activities. I will be notified as soon as possible in case of an emergency. In the event that I, or other parent/guardian or emergency contacts, cannot be reached in an emergency, I hereby authorize the staff to secure proper treatment for my student, including transportation to a medical facility, to provide whatever emergency medical treatment is necessary at my expense. I understand that the School District and the ProYouth Program do not carry medical or dental insurance for children injured on the school premises or in ProYouth-related activities. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the attending medical professional and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I, as the parent/guardian of the minor, do hereby, for my student, myself, my heirs, executers, and administrators, release and forever discharge and hold harmless the ProYouth Program and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions, or causes of action which, in any way, arise from the minor's participation and/or my participation in activities. ProYouth is not liable for the payment of expenses incurred as result of any injuries. ProYouth is not liable for any personal items that may be damaged or lost or for the cost of replacing items. When required by law, I understand ProYouth must submit information that I have provided to law enforcement or other county, state, or federal agencies.

I understand that my child's participation in the Program is a privilege and that disruptive or disrespectful behavior toward other students or ProYouth staff, or behavior that endangers the safety of others, is grounds for my child's dismissal.

I understand that, to comply with state and federal grant requirements, ProYouth obtains school- and district-level student data for each student participating in ProYouth Programs. Student data includes: general demographic information, instructional day attendance, academic achievement and scores, special needs status, and social/behavioral information. I understand that, as part of the grant requirements, my student will be asked to take ProYouth surveys and that these surveys are available for me to review. I understand that my student will be provided access to ProYouth's technology resources and the internet.

I acknowledge that I have carefully read this document in its entirety and understand the information herein. A copy will be made available to me upon my request. I verify that the information contained in this registration form is complete and accurate. I have read and understand the conditions of my student's participation as described in the Participation Waiver and Release herein. By signing below, I agree to each of the terms and acknowledgements herein and authorize and give consent for my student to participate in the ProYouth Program and all sponsored activities.

Date: _____ **Parent/Guardian Name (Print):** _____ **Signature:** _____