



SUMMER PROGRAM

Registration & Parent / Guardian Consent Form for Year 2019
Program Hours 7:30 am – 6:00 pm (Monday-Friday) Fees: See Fee Chart

Last Name

Please **complete** the form and **print clearly**. This information is confidential and the required data is for self-certification and contact purpose

Member First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone #: (____) _____ Date of Birth ____/____/____ Male Female

Mother's Name: _____ Father's Name: _____

Mother's Work Phone #: _____ Father's Work Phone #: _____

Mother's Cell Phone #: _____ Father's Cell Phone #: _____

Emergency Non-Parent Contact: _____ Phone: (____) _____

Emergency Non-Parent Contact: _____ Phone: (____) _____

Student Grade Level for 2018-2019 School Year: _____

ABRAZAR Office Only – Do Not Fill In

STAFF INITIALS: _____ ADMIN. INITIALS _____ DATE INFORMATION IS ENTERED IN SYSTEM _____

COMMENTS _____

Ethnicity/ Race

This information is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

- Caucasian American Indian Hispanic
- African American Pacific Islander or Samoan Asian Other: _____

Primary Language in the home (Check only ONE):

- English Spanish Vietnamese Other _____

Family Income Level (Check only ONE):

- \$0.00 - \$9,999.99
- \$10,000.00 - \$19,999.99
- \$20,000.00 - \$29,999.99
- \$40,000.00 - \$49,999.99
- More than \$50,000.00
- Other

Student lives with (Check all that apply):

- Mother Stepmother Grandparent(s)
- Father Stepfather Other: _____

Number of people in your immediate family (parents, brothers & sisters only): _____

My child in the school Free and Reduced-Priced Lunch Program. Yes No

INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD FROM THE PROGRAM AND FIELD TRIP LOCATIONS: THIS SECTION MUST BE COMPLETED.

| Name | Relationship | Phone Number |
|------|--------------|--------------|
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Note: Children will not be allowed to be picked up by anyone not authorized on this form. Persons authorized to pick up your child must have a picture I. D. for verification.

Parent/Guardian Consent

Acknowledgement and Consent: For both internal and external use, I acknowledge that ABRAZAR, BOYS & GIRLS CLUB OF WESTMINSTER and MIDWAY CITY COMMUNITY CENTER may utilize photographs or videos of my child to be taken for use by newsletters, newspapers, television, professional journals, the Internet and other communication media during involvement in the ABRAZAR and BOYS & GIRLS CLUB OF WESTMINSTER Summer Program activities. I consent to such uses and hereby waive any rights of compensation.

_____ Yes _____ No
Please Initial

Waiver of Liability & Disclaimer: In consideration of my child's participation in the activities, prevention curriculum (discussions which teach youth the dangers of drugs, alcohol, life skills/options and negative peer pressure), and special programs or events, on behalf of myself, child and any heirs, I waive, release, and agree to defend and hold harmless ABRAZAR, BOYS & GIRLS CLUB OF WESTMINSTER and MIDWAY CITY COMMUNITY CENTER, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any ABRAZAR and BOYS & GIRLS CLUB OF WESTMINSTER related-events, field trips, activities, curriculum, program, or property. I attest and verify that I have full knowledge of the risks involved in the program related events, activities, programs, curriculum and properties and that I will, on behalf of the my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of ABRAZAR, BOYS & GIRLS CLUB OF WESTMINSTER and MIDWAY CITY COMMUNITY CENTER.

Emergency Authorization: I, the undersigned, as parent/guardian of my child, hereby authorize the staff of ABRAZAR and BOYS & GIRLS CLUB OF WESTMINSTER, sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

NOTE: YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF THE ABRAZAR AND BOYS & GIRLS CLUB OF WESTMINSTER PROGRAM AS DESCRIBED ABOVE.

_____ Date _____ Parent/Guardian Signature _____ Printed Name

Family Physician's Name: _____ Physician's Phone #: _____

Health Insurance Plan: _____ Policy Number: _____

Child's current medication(s): _____

Pre-existing medical conditions (i.e. allergies, asthma, seizures, etc) _____

NOTE: MEDICAL CONDITIONS MUST BE LISTED.

Participant Consent: I want to participate in the ABRAZAR and THE BOYS & GIRLS CLUB OF WESTMINSTER Summer Program and activities and agree to follow the program's rules and regulations at all times.

Student's Signature

Date

| HOURS ATTENDING | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------------|--------|---------|-----------|----------|--------|
| DROP OFF | | | | | |
| PICK UP | | | | | |

PEOPLE AUTHORIZED TO PICK UP MEMBERS MUST BE OVER 18 YEARS OF AGE.
A MINIMUM OF THREE ADDITIONAL EMERGENCY CONTACTS LIST ARE REQUIRED.

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| <p><u>PRIMARY CONTACT</u> Relationship to Member: _____ Parent/Guardian: ____ Emergency: Contact ____ Person authorized to pickup member: _____ Name: _____ Home # _____ Phone: _____ Cell: _____ Work: _____ Email: _____ Date of Birth: _____ Occupation: _____ Address H: _____ City _____ Zip _____ Employer: _____ Address W: _____ City _____ Zip _____</p> | <p><u>PRIMARY CONTACT</u> Relationship to Member: _____ Parent/Guardian: ____ Emergency: Contact ____ Person authorized to pickup member: _____ Name: _____ Home # _____ Phone: _____ Cell: _____ Work: _____ Email: _____ Date of Birth: _____ Occupation: _____ Address H: _____ City _____ Zip _____ Employer: _____ Address W: _____ City _____ Zip _____</p> |
| <p><u>EMERGENCY CONTACT</u> Relationship to Member: _____ Parent/Guardian: ____ Emergency: Contact ____ Person authorized to pickup member: _____ Name: _____ Home #: _____ Phone: _____ Cell: _____ Work: _____ Address H: _____ City _____ Zip _____</p> | <p><u>EMERGENCY CONTACT</u> Relationship to Member: _____ Parent/Guardian: ____ Emergency: Contact ____ Person authorized to pickup member: _____ Name: _____ Home #: _____ Phone: _____ Cell: _____ Work: _____ Address H: _____ City _____ Zip _____</p> |
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