



After-School Participation Form



Hill Campus of Arts and Sciences is proud to partner with City Year, a nation-wide youth development organization, to further enrich the learning experiences of our students. This form requests your written permission for your child to participate in City Year's after-school programs. **Please return this form to City Year in Room 122 by Tuesday, September 6 or by the first date you would like your child to attend City Year after school programming.**

Our program runs Monday-Wednesday, 2:50-4:30, with homework help and academic tutoring offered on Mondays and Wednesday and fun-oriented enrichment activities offered on Tuesdays. City Year will also partner with National Honors Society students and tutors from George Washington High School on Mondays and Wednesdays to best limit the tutor : student ratio.

For more information about City Year, please contact: Caleb Zuniga at caleb_zuniga@dpsk12.org, (602) 647-0229, or visit our national website at www.cityyear.org.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Birthdate: _____

Address: _____ City, State, Zip: _____

Home Phone #: (_____) _____ Email: _____ Grade: _____

PARENT/GUARDIAN INFORMATION

Name of parent/guardian 1: _____

Address: _____ City, State, Zip: _____

Day/Cell Phone #: (_____) _____ Evening Phone #: (_____) _____ Email: _____

Name of parent/guardian 2: _____

Address (if different from above): _____ City, State, Zip: _____

Day/Cell Phone #: (_____) _____ Evening Phone #: (_____) _____ Email: _____

What languages are spoken at home? _____

EMERGENCY AND MEDICAL INFORMATION

Additional Emergency contacts (other than parent or guardian)

Name: _____ Relationship: _____ Day/Cell Phone #: (_____) _____

Name: _____ Relationship: _____ Day/Cell Phone #: (_____) _____

Medical Concerns: Please describe any medical/physical conditions of your child which City Year staff should be aware of.

Allergies: _____ Dietary restrictions: _____

Medications: _____ Limitations on activities: _____

Chronic health conditions: _____

Additional comments: _____

Primary Doctor/Pediatrician: _____ Phone #: (_____) _____

Insurance Carrier: _____ Policy #: _____ Phone #: (_____) _____

PARENTAL CONSENT

PERMISSION TO PARTICIPATE

INFORMED CONSENT FOR PARTICIPATION, WAIVER OF LIABILITY, AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, _____, being the parent/legal guardian of _____, a minor, do hereby consent to his/her participation in voluntary projects, events, and programs sponsored and/or organized by City Year. I understand that he/she is responsible for his/her behavior and will only perform volunteer work or participate in activities that he/she is comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance the above-named minor's participation in City Year's organized and/or sponsored projects, events, and programs, I do hereby waive and release City Year, the sponsors, their staff and all persons directly or indirectly related to the program of any project my son/daughter works on, from any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by my son/daughter during his/her participation in a City Year volunteer program. I understand the staff is trained in first aid and I authorize them to give my child first aid when staff deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached in the case of accident or illness, I grant City Year staff members the power to authorize emergency medical treatment necessary for my child. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment of all other related care, including the administration of drugs, tests, injuries, anesthesia and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

Signature of Parent/Guardian

Date

PERMISSION TO TAKE AND USE PHOTOS AND QUOTES

INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

In order to promote community and national service, City Year relies on the use of photos and quotes from participants. As such, I hereby authorize and grant permission for City Year to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, or other uses by City Year either associated with the project, event, program, or otherwise. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

Signature of Parent/Guardian

Date

TRANSPORTATION FROM AFTER SCHOOL

As Hill Campus of Arts and Sciences **does not provide transportation from after school activities** and City Year is not responsible for transporting students home from after school programs, we ask that parents/guardians choose the mode(s) of transportation by which students will be transported home after City Year programming. **Please note, neither Hill Campus of Arts and Sciences nor City Year accepts responsibility for students remaining on/near school premises after City Year programming.**

My child will (please indicate all options applying to your student):

- Be picked up by 4:30 PM
- Walk/bike home
- Ride an RTD bus
- Other _____

Signature of Parent/Guardian

Date