

## Flint Community Education Initiative 2018-2019 FREE Program Registration Form

*Parents/guardians are responsible for transportation at this time. Please make sure to be on time to pick your child up after activities*

Student Last Name		MI	Student First Name	
Date of Birth	Age	Gender	Grade	Free/Reduced Lunch
month/day/year		F or M		Eligible: Yes No
Primary Address			Shirt size	Shoe size
Apt #	City		Zip Code	
School			Homeroom Teacher	
Parent/Legal Guardian Contact Information				
Name:			Relationship:	
Primary Phone:			Alternate Phone:	
<input type="checkbox"/> Check box to sign up for Afterschool Download, YouthQuest's monthly eNewsletter			Email:	
Name:			Relationship:	
Primary Phone:			Alternate Phone:	
<input type="checkbox"/> Check box to sign up for Afterschool Download, YouthQuest's monthly eNewsletter			Email:	
Additional Emergency Contacts (allowed to pick up child)				
Name:			Relationship:	
Primary Phone:			Alternate Phone:	
Name:			Relationship:	
Primary Phone:			Alternate Phone:	
My child may NOT be released to the following individual(s)				

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Race/Ethnicity (check all that apply):		To allow staff to best serve your child, please check any that apply:		Please explain any concerns:
<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Arabic / Middle Eastern <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	<i>Please explain in box to the right:</i> <input type="checkbox"/> Special needs <input type="checkbox"/> Autism/Asperger Syndrome <input type="checkbox"/> Cognitive Impairment (CI) <input type="checkbox"/> Food Allergies <input type="checkbox"/> Emotional Impairment (EI) <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Anger Issues/ODD <input type="checkbox"/> Dietary concerns <input type="checkbox"/> Dyslexia/Dyscalculia <input type="checkbox"/> Speech/language <input type="checkbox"/> Other concerns		
<b>Please list any information that will assist our staff in working with your child:</b>				
<b>Medical concerns, allergies, medications, dietary, social or other special needs:</b>				
<input type="checkbox"/> Allergies, please explain: _____ <input type="checkbox"/> Asthma, please explain: _____ <input type="checkbox"/> Medication – please note, staff will not be authorized to administer medication, list _____ <input type="checkbox"/> Social concerns, please explain: _____ <input type="checkbox"/> Dietary concerns, please explain: _____ <input type="checkbox"/> Other: _____				
<b>Siblings registered for after school programs:</b>				
<b>Parent / Legal Guardian Consent (Continued)</b>				
<b>Yes</b>	<b>No</b>			
		Does your child have any <b>EMERGENCY MEDICATION</b> at the school? May staff administer it if necessary? __Yes __ No If yes, please list:		
		Are there activities your child should <b>NOT</b> participate in? If yes, please list:		
		May the staff perform general first aid if necessary?		
		May the staff photograph, videotape, and /or interview your child for promotion with the understanding that this may be used in various media outlets?		
		Please check if you allow: __Bug Spray __Sun Screen		
		Do you give permission for your child to attend field trips via bus transportation? (Permission slip for all trips)		
		Is your child's medical form updated and on file with the school?		
		Do you give the program permission to access your child's student records?		
		My child is in good health and free from communicable disease.		
		My child is up to date on their immunizations and a copy of their immunization record is on file with the school.		
		I am aware there is a licensing notebook available for me to see at the school.		

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### Waiver and Release of Liability

I hereby certify that by completing and signing this form, I give my approval and permission for the child/children listed below to participate in Flint Community Education Initiative activities provided by the Crim Fitness Foundation, Flint Community Schools, YouthQuest, whose Programs are administered by the Flint and Genesee Chamber of Commerce, as well as by other community partners as convened by the Crim Fitness Foundation (the Programs). I understand my child's/children's participation in the Programs is voluntary and subjects him/her to the possibility of physical injury (which could be minimal, serious, and/or result in death) and loss of or damage to my property (Risks). Accordingly, I do hereby waive, release, absolve, indemnify and agree to defend and hold harmless the Crim Fitness Foundation, the Flint Community Schools, YouthQuest, the Flint and Genesee Chamber of Commerce and their partners, officers, directors, employees, agents, volunteers, organizers, sponsors, contractors, and other participants, including any other persons or entities transporting myself or my child or children (the Releasees) from any claim, demand, loss, liability, damages, including attorney fees and costs whatsoever arising from, related to, or resulting from these Risks, including those caused by the negligent acts or omissions of any or all of the Releasees occasioned by their participation in Community Education activities.

I attest and certify that my child or children is/are physically fit to compete safely, and I have not been advised otherwise by a health care professional. As between each of the Releasees and me, I will be solely responsible for any and all medical and related bills that my child/children may incur because of any injury, as well as costs related to loss or damage to my property, that my child/children may sustain as a result of his/her participation in any Flint Community Education Initiative Program, including those sustained on the premises where any Flint Community Education Program is conducted and while he/she is traveling to and from such premises, regardless of the location or mode of transportation. This agreement shall be binding on my estate, heirs, executors, administrators, successors, and assigns, as well as any other party asserting a claim on my behalf or on behalf of my estate.

### Behavior Expectations

It is the goal of Flint Community Education Initiative, Crim Fitness Foundation, YouthQuest, and their partners to provide both a physically and emotionally safe environment for all program participants. With this in mind, each Program participant is required to follow the Flint Community Schools' Code for Student Conduct as distributed to all Flint Community School students as well as provided on the [www.flintschools.org](http://www.flintschools.org) webpage and on file at each school in order to ensure that all Program participants strive to meet behavior expectations.

I understand that the Programs may use ethnic background and data supplied on the Flint School District meal application for their records, that my child's teachers may share attendance and grade information, that Program employees, agents and volunteers may gather information about my child/children and that all this information may be shared with non-program entities for evaluation purposes. Health information on file with the school may be released as needed in order to secure emergency medical treatment. I will attend parent/family events and communicate with staff as necessary to address my child's needs.

All out of school time programs are provided in partnership with The Flint Board of Education. The Flint Community Schools' Code for Student Conduct (Code) has been prepared as a service to all students, parents, and faculty of the Flint Community Schools. The Flint Board of Education has authorized these policies and procedures to provide the standards and structure necessary to foster that safe educational environment in which students can learn as they mature mentally, physically, emotionally and socially in the Flint Community Schools. All policies, regulations, definitions, and procedures have been prepared to comply with the laws of the State of Michigan and of the United States to the best of our understanding, regarding the disciplining of general education/special education students. All parents, students, and faculty are expected to become familiar with the contents of this Code. I understand that if I do not follow the rules of conduct I may be asked to leave or not allowed back for Programs.

The Flint Community Education Initiative will use the information on this form the entirety of 2018-2019 School Year. If any information on this form changes, it is the responsibility of the parent or legal guardian to notify the Crim Fitness Foundation, Community Education Staff.

***STUDENTS MUST BE PICKED UP ON TIME. FAILURE TO PICK UP YOUR CHILD ON TIME MAY RESULT IN YOUR CHILD BEING EXCLUDED FROM PROGRAMS.***

By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legally bound thereby.

Student Name \_\_\_\_\_ Phone number \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

To learn more about the Community Education Activities please contact the Crim Fitness Foundation at (810) 201-5620 or visit [www.flintcommunityed.org](http://www.flintcommunityed.org)