**@Pleasant Grove Elementary**

**After School 2019 Application**

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| CHILD’S INFORMATION |

**Registration Information:**

1. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Grade in the fall\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: 🞎S 🞎M 🞎L 🞎 XL

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender identity (optional): 🞎 Male 🞎 Female

1. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Grade in the fall\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: 🞎S 🞎M 🞎L 🞎 XL

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender identity (optional): 🞎 Male 🞎 Female

1. Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Grade in the fall\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: 🞎S 🞎M 🞎L 🞎 XL

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender identity (optional): 🞎 Male 🞎 Female

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| PARENT/GUARDIAN INFORMATION |

MERGENCY CONTACT

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of “Vox Invictus” Mentoring Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| EMERGENCY CONTACT |

EMERGENCY CONTACT

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PERSONS FOR PICK-UP |

MERGENCY CONTACT

**Persons other than parents to pick up child/children:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By checking this box you grant permission for your child/ren to leave VIM by him/herself/themselves.

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| MEDICAL |

Health Concerns or Special Needs:

Child #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name or Preferred Treatment Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| RELEASES/AGREEMENTS |

I-Station Access: By checking this box I grant Vox Invictus Mentoring access to my child/ren’s I-Station account/reporting information.

Photo/Video Release: By checking the box I agree to the release for my child/ren to participate.

Participation Agreement: Please check the box if you are responsible for the above mentioned child/ren.

Policy/Procedures Agreement: By checking the box I agree to all Vox Invictus Mentoring policies and procedures.

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| DEMOGRAPHICS |

Does your child/ren qualify the free or reduced lunch program at their school? YES🞎 NO🞎

Are his/her/their shots current and on file with most recently attended school? YES🞎 NO🞎

Race and Ethnicity of participant **(Voluntary –** You are not required to check one of the boxes**)**:

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| **Child #1**  🞎Caucasian  🞎African American (i.e. Black, Afro –American)  🞎African American (i.e. Caribbean, Nigerian, etc.)  🞎Hispanic  🞎Asian  🞎Other  🞎No response | **Child #2**  🞎Caucasian  🞎African American (i.e. Black, Afro –American)  🞎African American (i.e. Caribbean, Nigerian, etc.)  🞎Hispanic  🞎Asian  🞎Other  🞎No response | **Child #2**  🞎Caucasian  🞎African American (i.e. Black, Afro –American)  🞎African American (i.e. Caribbean, Nigerian, etc.)  🞎Hispanic  🞎Asian  🞎Other  🞎No response |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| WAIVER OF LIABILITY, RELEASE, ACKNOWLEDGEMENT OF RISK AND INDEMNIFICATION AGREEMENT |

**ADVISORY:** This agreement (the “Agreement”) is legally binding. If any of this agreement requires clarification, please seek a complete explanation prior to signing. By signing this Agreement, you are waiving the right to bring a court action to recover compensation or any other remedy for accidents, injury or death arising out of your child’s presence or activities at VOX INVICTUS Mentoring Program.

I am aware outdoor activities and athletic activities, including running, walking, athletic conditioning, and related activities are activities which pose risks of injury or death to their participants. I am aware of the intrinsic dangers of these activities. I am also aware that, in addition to the activities specifically listed, my child will be engaged in a range of other activities by virtue of his or her presence at and participation in the Vox Invictus Mentoring Program.

I understand that my child may be injured or die as a result of his or her negligence, the negligence of others or through the fault of himself or herself or anyone else, because of the nature of the activities in which my child is going to be engaged. I understand that the risks may include, but are not limited to, all manner of accident, injury, or death.

I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. With the knowledge of the forgoing, I hereby acknowledge and voluntarily assume on behalf of my child these and all other risks and exposures while my child is present at Vox Invictus Mentoring Program. In consideration of and as an inducement for acceptance of my child as a participant at Vox Invictus Mentoring Program, I hereby agree that I shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her presence in the program and not to hold Vox Invictus Mentoring Program, its Board of Directors, employees and agents responsible for any such injury or loss including weather or other acts of God, accidents, illness, acts of terrorism or other events beyond the reasonable control of Vox Invictus Mentoring Program, its employees or agents except for willful or wanton misconduct by Vox Invictus Mentoring Program or its employees or agents.

I further agree to indemnify and hold harmless all of the forgoing parties from any claims which I might make or which might be made on my behalf or which others might make against me arising from my child’s presence or participation in the activities at Vox Invictus Mentoring Program.

There have been no promises, warrantees, or representations pertaining directly or indirectly to this Agreement which are not contained herein. I have read and fully understand and accept the terms of this Agreement. I represent and warrant that I have authority on behalf of my child/children and on behalf of all other parents or guardians of the minor/s.

Facsimile signatures shall be deemed originals for purposes of this Agreement.

Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of parent or guardian) (Date)

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| **PARENT’S AGREEMENT TO TERMS OF THE INVICTUS KIDS PROGRAM** |

I am the parent or guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I acknowledge the following:

1. I agree that my child will abide by the camp rules, and I realize that any breach of conduct may result in immediate expulsion from the program. In the event of such expulsion, the parent or guardian will be notified.
2. I acknowledge that the Vox Invictus Mentoring Program reserves the right to use photographs, videotapes and testimonials of the participants in publicity and educational materials.
3. I give permission to the Vox Invictus Mentoring Program employees to obtain medical treatment of my child/children in the event of injury and/or sickness during his or her presence at camp.
4. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such injury and/or sickness.
5. I understand that I am responsible for carrying health insurance that provides adequate coverage for injuries or illnesses my child/children may sustain while participating in Vox Invictus Mentoring Program, and I agree to carry such insurance.
6. I acknowledge that the Vox Invictus Mentoring Program has the right to limit enrollment in, and/or cancel, activity if enrollment for such activity is either oversubscribed or undersubscribed.
7. I acknowledge that inclement weather may necessitate changes to the typical daily schedule.
8. I represent and warrant the authority to sign this Agreement, and I execute this Agreement on behalf of my child/children and on behalf of all other parents or guardians.

Facsimile signatures shall be deemed originals for the purpose of this Agreement.

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(Signature of parent or guardian) (Date)