Afterschool Program Registration Form

**Boys With A Purpose is dedicated to building strong young men of discipline, integrity and character. Through our Life Skills Curriculum, we are helping to changing the lives of young men every day.**

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| Boys With A PurposeAfter School Program Registration Form | | | | | | | | | | |
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|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | |  | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | |
| **STUDENT PICK-UP INFORMATION – CUSTODY RESTRAINTS** | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Name Phone | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Name | | |  | Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  |  | | | | | | |
|  | | |  | Secondary Emergency Contact | | | | | | |
| City, ST ZIP Code | | |  |  | | | | | | |
| Email: | | |  | **LATE PICKUP FEE $ 1.00 PER MINUTE** | | | | | | |
| Medical Information | | | | | | | | | | |
| ADD / ADHD - \_\_\_\_\_\_ Takes Medication at home \_\_\_\_\_ Takes Medication at School \_\_\_\_\_\_ | | | | | | | | | | |
| Asthma \_\_\_\_ Takes Medication at home \_\_\_\_\_ Rescue Inhaler \_\_\_\_\_\_ Rescue Nebulizer \_\_\_\_\_\_  Allergy \_\_\_\_ Environmental \_\_\_\_ Food \_\_\_\_ Severe life-threatening \_\_\_\_\_ Takes Medication at home / School \_\_\_\_\_  Mental Health \_\_\_\_\_\_ Takes Medication at home \_\_\_\_\_ Takes Medication at School \_\_\_\_\_ | | | | | | | | | | |
| Hospital/Clinic Preference | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Physician’s Name | | | | |  | Phone Number | | | | |
|  | | | | |  |  | | | | |
| Insurance Company | | | | |  | Policy Number | | | | |
|  | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | |
|  | | | | | | | | | | |
| I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
| I give permission for my child to go on to the College of Charleston with the Boys With A Purpose Organization. I release Boys With A Purpose and individuals from liability in case of an accident during activities related to the After School Program, as long as normal safety procedures have been taken. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | |  |  | | | | |
| Witness Signature | | | | |  | Date | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Afterschool Program Schedule – Wednesday, Thursday, Friday 3:00-6:00 | | | | | | | | | | | |
| **Please indicate your child’s enrollment - Circle Days - Wednesday Thursday Friday** | | | | | | | | | | | |
|  | | | |  |  | | | | |  |  |
|  | | | |  |  | | | | |  | |
| **Registration & T-shirt fee – 40.00** | | | |  |  | | | | | | |
| **Enrollment Agreement – For safety reasons we must know in advance if your child is expected to attend on any given day.** (**No extra cost will be added for days missed**) | | | |  | **PARENT / GUARDIAN CONSENT FOR PHOTOGRAPHY AND SOCIAL MEDIA/ PG MOVIES**.  I give my consent for the Boys With A Purpose Afterschool Program to photograph my child and use pictures and or stories in connection with any of their work.  \_\_\_\_\_\_Initials  I **do not** give my consent for the Boys With A Purpose Afterschool Program to photograph my child and use pictures and or stories in connection with any of their work.  \_\_\_\_\_\_Initials | | | | | | |
|  |  |  | |  |
| STATEMENT OF CHILD’S ABILITY TO PARTICIPATE | | | | | | | | | | | |
| I certify that to the best of my knowledge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good mental and physical health and is able to  participate in the Afterschool Program at the College of Charleston.  Parent / Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
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| Discipline model for the Afterschool Program | | | | | | | | | | | |
| When correcting a child’s behavior, the staff of Boys With A Purpose consent to always respect every child within the care of our program. The staff will ensure that all rules and expectations are known to every child prior to their participation in the program. Every child will be treated with dignity and respect by all staff. Staff members will restrict physical contact with all children except if the child is attempting to harm himself or others. Parents will be notified of all issues or behavior problems as soon as they occur. Corporal punishment is not allowed in our Afterschool Program. | | | | | | | | | | | |
| **FIGHTING – ZERO TOLERANCE POLICY** | | | | | | | | | | | |
| Fighting amongst students is not permitted in the Afterschool Program. Students will be removed from the program for fighting, bullying and or inappropriate behavior towards students or staff. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I have read and choose to comply with the contents of the policies of the Afterschool Program, including those pertaining to emergency transportation and medical consent, field trips and discipline. | | | | | | | | | | | |
|  | | | | | |  | |  | | | |
| Parent’s/Guardian’s Signature | | | | | |  | | Date | | | |
|  | | | | | | | | | | | |
| **For Staff Use only: Registration fee paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |  | | **Cash \_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_** | | | |
|  | | | | | |  | |  | | | |
| **PROGRAM DIRECTOR:**  **KENNETH JOYNER: 443-989-8887** | | | | | |  | |  | | | |

COLLEGE OF CHARLESTON

OLA 2.26.19

LIABILITY RELEASE AND WAIVER, FILMING/AUDIO/PHOTO AUTHORIZATION,

AND EMERGENCY MEDICAL AUTHORIZATION

1. I, the undersigned individual, am at least 18 years of age or I am providing binding consent and release through my

parent or legal guardian as referenced below. I desire to participate in the following opportunity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(hereinafter collectively referred to as the “Activity”). This Activity will take place on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is hosted by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [“host of Activity”], and may occur at various locations that are not owned or controlled by the College

including, but not limited to, the following [location(s)] \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and

from the Activity, and in any other effort associated with, or that I may undertake supplemental to, any such Activity. These

dangers, hazards, and risks can result in injury and impairment to my body, general health, and well-being, and could include

serious injuries, illnesses, or medical conditions.

3. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in

the Activity, on behalf of myself, my child, my family, spouse, heirs, and personal representative(s) (the “Releasors”), I agree

to assume all the risks and responsibilities surrounding my participation in the Activity, the transportation to and from an

Activity, and in any other effort associated with, or that I may undertake supplemental to, any such Activity. On behalf of

myself and the Releasors, I hereby covenant not to sue the host of the Activity, the College of Charleston, or its trustees,

officers, representatives, agents, and employees (“Releasees”), and I hereby release, waive, and forever discharge the

Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action,

costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of, or related

to the Activity, whether caused by the negligence or carelessness of the Releasees or otherwise. I further agree to indemnify

and hold harmless the Releasees from and against any loss, liability, damage, or cost, including court costs and attorneys’

fees, which may arise due to my participation in the Activity. I understand that the College is not responsible for any injury or

damage to the Student’s personal property or the property of others while in the possession of the Student during the term of

this contract.It is my expressed intent that this Liability Release and Waiver shall bind me, my child, the members of my

family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am

deceased, and shall be deemed as a legally binding, full release, waiver, discharge and covenant not to sue the Releasees.

4. I understand, agree, and hereby grant Releasees permission to authorize emergency medical treatment for me, or my

child, if necessary, and that such action by Releasees shall be subject to the terms of this Liability Release and Waiver. I

understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in

connection with such authorized emergency medical treatment.

5. I hereby authorize College and those acting pursuant to its authority to: (a) Record the Student’s Likeness and voice on a

video, audio, photographic, digital, electronic or any other medium and (b) Use, reproduce, exhibit or distribute any medium

(eg. Print publications, video tapes, CD-ROM, internet/WWW) these recordings for any purpose that the College deems

appropriate, including promotional or advertising efforts.

6. There are no health-related conditions, reasons, or problems that preclude or restrict my/my child’s participation in

the Activity. I recognize that neither the host of the Activity nor the College of Charleston (“College”) is obligated to

provide for any of my/my child’s medical or medication needs nor insurance and that I/my child assume all risk and

responsibility for those needs.

7. I/my child agrees to abide by any instruction and guidance which may be given by any designated host of the

Activity or any College of Charleston representative at all times while I/my child is on the Property. I understand that the

Student must abide by College policies, guidelines and rules and is subject to discipline up to and including dismissal for

violation of these policies.

8. I as the parent of legal guardian of the Student agree and acknowledge that before medical service can be performed for a

person under 18 years of age, permission of the parent or legal guardian must be secured. In the event of a serious illness or

an accident involving your Student every reasonable effort will be made under the circumstances to contact you before

seeking or providing medical services. In the event that delay in medical treatment may be detrimental to the health of the

Student, however your authorization is required before the College may seek medical consultation and treatment from either

a College or local physician or a local hospital or urgent care facility. You may give that authorization to the College by

signing this form.

I am the parent/ legal guardian of the Student. I hereby authorize the College of Charleston, acting through its Program

Director or other College representative of legal age, to secure for my Student any necessary emergency medical treatment

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that the College may reasonably consider necessary under the circumstances. The College, however is not obligated to take

action and may await my direction before seeking medical intervention for my Student, as the College may believe

appropriate under the circumstances.

I agree and acknowledge that in all circumstances when such treatment is provided, I shall be solely responsible for the cost

of my Student’s treatment and care and I agree to reimburse the College for any expense that it may incur on account of my

Student’s injury or illness, including, but not limited to, treatment, transportation or stay in a medical facility. I understand

and agree that the college assumes no responsibility for any injury or damage which may arise out of or in connection with

the provision of medical treatment authorized under this release and all of the related decisions and judgements of the

College.

9. It is my expressed intent that this Agreement shall bind me, the members of my family and spouse, if I am alive, and my

estate, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed a legally binding

release, waiver, discharge and covenant not to sue the Releases.

10. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any

term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this

Agreement the validity of the remaining portions shall not be affected thereby.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE

CERTAIN YOU UNDERSTAND IT BEFORE SIGNING. (I AM 18 YEARS OF AGE OR OLDER, AND HAVE

READ AND FULLY UNDERSTAND THIS RELEASE AND WAIVER.)

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

Print Name:

Student/Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance/ Emergency Contact Information:

Name of Insurance Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian/Emergency Contact 1 Parent/Guardian/Emergency Contact 2

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_