

Pick-Up Permissions

I give permission for my child to walk home alone at dismissal _____

Signature of Parent/Guardian

My child may be picked up by the following person: _____

My child may NOT be picked up by: _____

91. Please check any box that applies to your child:

	YES	NO
Allergies to food (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to medicine (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Allergies Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral/Emotional issues	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Individualized Education Plan	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

Children who have special health care needs are those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that are required by children generally. If your child does have special health care needs please discuss these with your child care provider.

Please explain: _____

92. Does your child have special health care needs that require treatment and/or medication? YES NO

Please explain: _____

93. Does your child take medication for any condition or illness? YES NO

Please explain: _____

94. Are there any activities your child cannot participate in? YES NO (if yes, please specify)

Please explain: _____

Certification Statement

In consideration of your accepting my child into this program, I the undersigned, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages, that I may have against the Sports & Arts in Schools Foundation, its consultants, contractors, and employees and all sponsors, and their representatives and successors and assigns for any and all injuries suffered by my child virtue of his or her participation in this program. I certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

Applicant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Intake Officer Signature _____

Date _____



Sports & Arts in Schools Foundation

Waiver of Liability

WAIVER OF LIABILITY: Parents, guardians and SASF recognize that the activities to be engaged in by the children may occasionally result in injury to a child. The staff of SASF will undertake the steps outlined herein under the heading ILLNESS/ACCIDENTS, MEDICINE AND EMERGENCY CARE to make sure that the proper attention is given to these events. However, absent the active negligence of the staff of SASF during the activity involved, no liability will be asserted nor claim made against SASF or any of the individuals employed by SASF by reason of such an event.

I have read the above information and I give permission for my child to participate in the Champions Club after-school program.

Parent/Guardian Signature

Date



Sports & Arts in Schools Foundation EMERGENCY MEDICAL CARE FORM

(To be completed by the parent or guardian)

Student's Name: _____ Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. Following emergency medical care, my child may be released to the following people:

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	_____
Home Phone: _____	Work Phone: _____	_____

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	_____
Home Phone: _____	Work Phone: _____	_____

Name: _____	Relationship to Child: _____	Age: _____
Address: _____	Employer: _____	_____
Home Phone: _____	Work Phone: _____	_____

3. Health/Insurance Information:

Student's Doctor: _____	Insurance Company: _____
Phone: _____	Policy Holder's ID: _____
Allergies: _____	Religious Preference: (optional) _____
Last Tetanus: _____	Medication(s) being taken: _____
Address (student's doctor): _____	_____

Additional Comments: _____

4. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this after-school program.

Parent/Guardian Signature

Date



Sports & Arts in Schools Foundation

Parent Consent to Participate in the Evaluation of the After-School Program

Dear Parent/Guardian,

Your child, _____, is enrolled in the after school program at _____. In order to monitor the effectiveness of the after school program and ensure its future success, SASF is conducting ongoing evaluations. It is the intention of the evaluations to learn how these services help students and how they can be improved in order to meet the grant requirements.

Specifically we ask permission from parents to:

- Contact their children’s school and obtain records showing their progress, including report cards, grades, citywide and statewide test scores, attendance, and school choice.
- Talk to teachers and after-school staff about children’s progress and participation in the after-school program, and review program records on participation in the after-school program.
- Survey and/or interview parents and children about the after-school program and its effects. There will be up to four surveys over the course of the year. Each will take approximately 15 minutes. Group discussions may also be held, that would take up to 30 minutes.

Any information we collect will be used only to assess the after-school program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. Personal information will not be used for any purposes after the evaluation is complete. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select **ONE** of the options below and return this form to the program coordinator/director.

YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the after-school program. I also consent for the above organizations to obtain my child's records and to interview program and school staff for evaluation and support purposes.

Signature _____

Date _____

NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the after-school program.

Signature _____

Date _____

If you have any questions about the evaluation, please contact the program evaluator, who is either Anne Thompson, Youth Studies, Inc., or Bruce Kaufmann.



PHOTO/VIDEO/INTERVIEW CONSENT

(To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date of birth is _____. **name of child**
month/day/year

I understand that SASF holds events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events, including my child. These photographs, videos, and interviews will only be used to promote SASF.

I am aware that my child may be asked a variety of questions concerning SASF and SASF related activities and programs, and that the contents of the interview may be published or aired publicly. I understand that my child will be under the supervision of SASF personnel during the interview or photo session. However, there may not be SASF personnel supervision if the photographs or video or voice recordings are part of a general background scene in which my child is not identified.

I understand that my child reserves the right to refuse to answer any questions or participate in any discussions that make him/her feel uncomfortable or embarrassed and that my child and/or the supervising SASF personnel may terminate the interview, photo or video session at any time for any reason.

I give permission for my child to be photographed or otherwise recorded during SASF events and activities, and for any and all such photographs and/or recordings to be displayed by the Sports and Arts in Schools Foundation Champions Club, in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed, for which neither my child or I shall receive monetary compensation or ownership rights.

SIGNATURE OF PARENT OR GUARDIAN

DATE

If you **do not** wish for your child to participate in the activities described above, please review this section of this form.

I DO NOT give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE



Sports & Arts in Schools Foundation
Engaging Students' Minds and Bodies

Sports & Arts in Schools Foundation

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Student Behavioral Contract

The Champions Club is a program of excellence. By enrolling in the program, we agree to the following code of responsibility and commitment for participation in the program.

Student:

1. I will regularly and actively attend the program.
2. I will arrive in the Cafeteria on time, directly after school dismissal.
3. I will respect my tutors, teachers and other staff responsible for my safety and education.
4. I will remain in my assigned activity at the program or building until I am dismissed by staff.
5. I will come prepared for, and work to the best of my abilities during the academic period.
6. I will remain focused and work hard during the sports and arts activities.
7. I will behave in the appropriate manner and not act disruptively in the halls or during activities.
8. I will refrain from using profanity and racial, ethnic, gender, sexual orientation, religious and national origin slurs.
9. I will refrain from lying and giving false information, either verbally or written to any staff.
10. I will refrain for any acts of intimidation, coercion and extortion.
11. I will refrain from fighting or using physical force against other students or staff.
12. I will not steal; carry weapons; or use tobacco, alcohol or other drugs.
13. I commit to improving my academic, artistic, athletic, and personal growth.

Student Name: _____

Grade: _____

Student Signature: _____

Date: _____

Parent / Guardian:

1. I will actively support my child's participation in the Champions Club Program and his/her agreement to the above Student Behavioral Contract.
2. I acknowledge that my child is bound by the Champions Club Participant Requirements and Discipline Code and that I will comply and cooperate with the Parent Handbook.
3. I will notify the Champions Club staff if my child is unable to attend the program on a certain day, or for an extended period of time.
4. I will notify the Champions Club staff in writing if my child must leave the program before program dismissal.

Parent Name: _____

Parent Signature: _____

Date: _____