



2022-23 AFTER SCHOOL PROGRAM PARTICIPATION FORM FORMULARIO DE PARTICIPACIÓN

For office use only / Para uso de la compañía
Date Accepted: _____
Site: _____

STUDENT INFO/INFO DEL ESTUDIANTE: School/Escuela: Kennedy HS District/Distrito: LAUSD Program/a: [] AM [] PM Grade/Grado 9 10 11 12 (circle)
Last Name/Apellido: _____ First Name/Nombre: _____ Middle Initial/Segundo nombre: _____
Birthdate/Fecha de nacimiento: ____/____/____ Address/Domicilio: _____ Student ID#/ID del estudiante: _____

PARENT OR LEGAL GUARDIAN INFORMATION / INFORMACIÓN DE LOS PADRES O TUTORES

Parent or Guardian/Padre o tutor _____ Parent or Guardian/Padre o tutor _____
Day Phone/Numero de día _____ Day Phone/Numero de día _____
Evening Phone/Numero de Noche _____ Evening Phone/Numero de Noche _____
Child is living with/Estudiante vive con: Mother/Madre____ Father/Padre____ Both/Ambos____ Other/Otro____
Parent Email Address/Correo electrónico del tutor o padre: _____

I give consent for my child to participate in activities/surveys designed to evaluate the effectiveness of the arc after school program.
Yo doy permiso que mi hijo(a) participe en actividades/encuestas diseñados para evaluar arc, el programa de después de la escuela.
Yes/Sí No Initial _____

EMERGENCY CONTACTS / CONTACTO DE EMERGENCIA Other than parents/ademas de los padres

Name/Nombre	Relationship/Relación	Telephone/Teléfono
1.		
2.		

Does your child have any physical, medical (including allergies), emotional, and/or learning needs? If so, please specify. / ¿Su hijo tiene algunas necesidades físicas, médicas (incluyendo alergias), emocionales o de aprendizaje? En caso afirmativo, especifique por favor: _____

RELEASE OF LIABILITY and ASSUMPTION OF RISK

This document affects your legal rights. Read and understand it before initialing or signing it.
DUTY OF PARTICIPANTS: Some recreational activities conducted by Good Sports Plus Ltd. doing business as arc (hereinafter, "arc") may be hazardous to participants. All participants have a duty to act as a reasonably prudent person when engaging in the recreational activities offered by arc. I hereby covenant and agree not to: a) act in any way which shall interfere with the running or operation of rock climbing or any other activity when such activities conform to the rules and regulations of the State of California. b) use any of arc equipment or facilities or services if I do not have the ability to use such facilities, equipment, or services safely without instructions until I have requested and received sufficient instruction to permit safe usage. c) Engage in any harmful conduct or willfully or negligently engage in any type of conduct which contributes to or causes to cause injury to any person. d) To embark in any self-initiated activity without first informing arc of my intentions and receiving permission from arc to engage in such self-initiated activity.
ACKNOWLEDGMENT AND ACCEPTANCE OF RISK: I understand and acknowledge that the activities in which my child(ren) will voluntarily engage bear certain known and unanticipated risks that could result in injury, death, illness or disease, physical or mental, or damage to, my child(ren) property, or to spectators or other third-parties. I accept and assume all responsibility and risk for injury, death, illness, or disease, or damage to my child(ren) and/or my property. My child(ren)'s participation in this activity is purely voluntary; no one is forcing participation, and I elect to have my child(ren) participate in spite of all known and unknown risks.
PICTURES / VIDEO: All pictures/video taken in connection with the arc program are the sole and exclusive property of arc and may be used in any promotional materials.
RELEASE: In consideration of the services and/or property provided, I, for myself and any minor children for which I am the parent, legal guardian, or otherwise responsible, any heirs, personal representatives, or assigns, do hereby release arc, its principals, directors, officers, agents, employees, and volunteers from any and all liability and waive any cause of action or complaint for any damage whatsoever arising from any cause whatsoever (except that which is gross negligence). I further agree to reimburse arc for all attorney's fees and costs should I bring legal action against arc and lose.
ENTIRE AGREEMENT: I understand that this is the entire Agreement between myself and arc, its agents or employees, and that it cannot be modified or changed in any way by the representatives or statements of any employees of arc or by me. My signature below indicates that I have read this entire document and understand it completely and agree to be bound by its terms.

LIBERACIÓN DE RESPONSABILIDAD Y ASUNCIÓN DE RIESGO

Este documento afecta sus derechos legales. Debe leerlo y entenderlo antes de iniciarlo o firmarlo.
DEBER DE PARTICIPANTES: Algunas actividades realizadas por Good Sports Plus Ltd. haciendo negocios como arc (en adelante, "arc") puede ser peligroso para los participantes. Todos los participantes tienen el deber de actuar como una persona razonablemente cuando participando en las actividades ofrecidas por arc.
RECONOCIMIENTO Y ACEPTACIÓN DEL RIESGO: Entiendo y reconozco que las actividades que estoy comprometiendo voluntariamente a asumir ciertos riesgos conocidos y riesgos imprevistos que podrían resultar en lesiones, muerte, enfermedad o enfermedad, física o mental, o daño a mí mismo, a mi propiedad, o a espectadores o otros terceros. Acepto y asumir toda responsabilidad y riesgo por lesión, muerte, enfermedad, o enfermedad, o daño a mí mismo o a mi propiedad. Mi participación en esta actividad es puramente voluntaria; Nadie me está obligando a participar, y yo elijo participar a pesar de todos los riesgos conocidos y desconocidos.
DE RESPONSABILIDAD: En consideración de los servicios y / o bienes proporcionados, yo, para mí y cualquier niño yo soy el padre, tutor legal, o de otra manera responsable, cualesquiera herederos, representantes personales, cesionarios, por la presente sus directores, directivos, agentes, agentes, empleados y voluntarios de toda responsabilidad y renuncia cualquier causa de acción o queja por cualquier daño derivado de cualquier causa (excepto lo que es negligencia grave). Además, acepté reembolsar arc por todos los honorarios y costos del abogado si debo presentar una demanda legal contra arc y perder.
PELÍCULA Y FOTOGRAFÍA: Todas las fotos o películas tomadas en relación con el programa de arc son la única y exclusiva propiedad de arc y se puede utilizar en cualquier material promocional.
COMPORTAMIENTO: arc se reserva el derecho de despedir a los participantes cuyo comportamiento resulte perjudicial para otros participantes. En tales casos se celebrará una consulta con todas las partes interesadas antes de emprender cualquier acción. No se ofrecerán reembolsos en tales casos.
ACUERDO COMPLETO: Entiendo que este es el Acuerdo entero entre yo mismo y arc, sus agentes o empleados, y que no puede ser modificado o cambiado de ninguna manera por los representantes o empleados de arc o por mí.

Please sign below to acknowledge that you have read this form in its entirety/ por favor firme aquí para demostrar que usted entiende este formulario

PARENT/LEGAL GUARDIAN SIGNATURE / FIRMA DE PADRE O TUTOR _____ **DATE / FECHA** _____



Los Angeles Unified School District
BEYOND THE BELL BRANCH
BEFORE AND AFTER SCHOOL PROGRAM
APPLICATION/AGREEMENT

For Staff Use Only

DISTRICT ID NUMBER							
2022-2023							
SCHOOL YEAR							

SCHOOL OF ATTENDANCE: _____

Program Applying for: <i>(Only check one)</i>			OTHER PROGRAMS
BEFORE-SCHOOL	AFTER-SCHOOL		Name of Program
Ready-Set-Go! (RSG)	Youth Services	Grant Funded Program (ASES/21 st CCLC/ASSETS) Name of Program <u>afc</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

APPLICANT (Student)

PRINT NAME CLEARLY *FIRST* *M.I.* *LAST* DATE OF BIRTH *MONTH* *DAY* *YEAR* GRADE

STREET ADDRESS APT # CITY ZIP CODE

PARENT(S)/GUARDIAN(S)

PARENT'S/GUARDIAN'S NAME		PARENT'S/GUARDIAN'S NAME	
PRINT NAME: <i>FIRST</i> <i>M.I.</i> <i>LAST</i>		PRINT NAME: <i>FIRST</i> <i>M.I.</i> <i>LAST</i>	
PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN)	PHONE NUMBER (OTHER)

EMERGENCY CONTACT/RELEASE INFORMATION *(provide a minimum of two contacts)*

#1: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#2: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#3: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)

• I/We authorize the Beyond the Bell Before/After-School Program (BASP) to contact, and if necessary, release my child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.

• I/We give my permission for my child to be filmed or photographed. I understand that all film or photos are the sole property of the BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the BASP.

• I/We hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information only to the extent and for the duration necessary for my child to participate in BASP programs.

• The After School Education and Safety (ASES) Program Act of 2002, enacted by initiative statute, establishes the After School Education and Safety Program to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating public elementary, middle, junior high, and charter schools. The act gives priority enrollment in after school programs and before school programs to pupils in middle school or junior high school who attend daily. Pupils who are identified by the program as homeless youth or as being in foster care will be given first priority. Parents/guardians may indicate this information below:

Pupil designation *(please check if applicable)*: Homeless Youth Foster Care

• Does your child have any physical, emotional, and/or learning difficulties? If so, please specify: _____

• Does your child have any food allergies? If so, please specify: _____

ACKNOWLEDGEMENT

PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
PARENT'S/GUARDIAN'S NAME (PRINT) Marilyn Lucero		DATE
SITE COORDINATOR'S NAME (PRINT)	SITE COORDINATOR'S SIGNATURE	DATE