



ProYouth Staff use only

Date received: _____

Start Date: _____

Info matches School Database:

Student ID: _____

2024-2025 ProYouth XL Expanded Learning Program Agreement

Student's Full Legal Name: _____ 2024/25 Grade: _____ Birth Date: ____/____/____ Age: _____

School: _____ School ID number: _____

Students 18 years or older may fill out this application for themselves.

Gender: _____ Ethnicity/Race: _____ Primary Language: _____ Eligible for free and reduced meals (circle one): Y / N

Student Address: _____ City: _____ Zip: _____

Parent/Guardian: _____ Relationship: _____ Parent/Guardian: _____ Relationship: _____

Phone #: (____) _____ - _____ Release Authorization (circle one): Y / N Phone #: (____) _____ - _____ Release Authorization (circle one): Y / N

Email: _____ Email: _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the student? (circle one): Y / N

Parent/Guardian must keep the school and ProYouth updated with legal documents.

Emergency Contacts:

Name: _____ Phone#: (____) _____ - _____ Relationship: _____

Name: _____ Phone#: (____) _____ - _____ Relationship: _____

Enrollment: Enrollment is open all year. This enrollment form is required to attend services provided by ProYouth. Completion of this enrollment form will allow your student to participate in all ProYouth Programs for the duration of the time enrolled at the school site.

Emergency Contacts: As part of the Registration form ProYouth requires that the Parent/Guardian complete the Emergency Information section. Please remember that it is the Parent/Guardian responsibility to update the information with the ProYouth Program should the information change. In the event of an emergency, ProYouth staff will attempt to contact Parent/Guardian or those designated to pick up the students.

Discipline: Participation in the ProYouth expanded learning program is a privilege. Disruptive or disrespectful behavior toward other students or ProYouth staff or behavior that endangers the safety of others is grounds for dismissal. We encourage Parents/Guardians to discuss concerns about student behavior with the ProYouth Site Director.

Policy on Liability: ProYouth is not liable for the payment of expenses incurred as result of any injuries. ProYouth is not liable for any personal items that may be damaged or lost or for the cost of replacing items. When required by law, ProYouth must provide information that you have provided to us to law enforcement.

Consent to School District Sharing Student Records with ProYouth: in accordance with Education Code section 49075, I, the undersigned, provide consent to the Tulare Joint Union High School District and Visalia Unified School District to release my student's records as follows:

- To the ProYouth Site Director and Regulatory Compliance Director. Student's full name, parent/legal guardian and emergency contact information, District student identification number, date of birth, grade level, academic grades, attendance information.
- To the ProYouth Regulatory Compliance Director: CalPADS statewide student identification number, student's gender, ethnicity, race(s), special education status (status only no details of the student's disability will be provided), English language learner status.

I further provide consent for ProYouth Programs to share the above-referenced student record information with ProYouth, as necessary, in order to comply with the requirements of grant provided to ProYouth. This authorization shall be effective immediately and shall remain in effect for the remainder of the current school year.

Transportation from XL Program: (Please circle all that apply) **Walk** **Pick Up** **Bus** **Drive**

Students that drive must have a valid driver's license and current insurance.

Permission to photograph: Occasionally, ProYouth activities may be photographed, video and/or audio recorded for educational, publicity or fundraising purposes, please indicate if you give permission for your student and/or yourself to appear in videos or audio recordings without compensation (e.g., as part of brochures or program websites).

____ **Yes**, I give permission ____ **No**, I do not give permission

ProYouth Computer and Internet Policy Agreement: I understand that my student may be provided access to ProYouth Program-provided technology resources and have supervised access to the internet. I allow my student's generated projects or work to be published by ProYouth. I will be held financially responsible for any and all damage to the technology resources that are caused by the student named above. Any misuse of technology resources by the named student will result in immediate withdrawal of any and all access privileges and may result in other disciplinary action.

ProYouth is an equal opportunity provider.



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PARTICIPATION WAIVER AND RELEASE

ProYouth requests the following information in order to be in compliance with insurance regulations.

_____ has my permission to participate in the ProYouth Program and all ProYouth sponsored activities, including all sports and physical education activities that may be offered as a component of ProYouth. I understand and acknowledge that participation in sports and physical educational activities poses risks to my student, including the risk of strains, sprains, broken bones, and serious injury or death.

I hereby certify that the minor is my child and that their date of birth is _____ and I do hereby certify that, to the best of my knowledge and belief, said minor is in good health. In the event that I, or other parent/guardian or emergency contacts, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my student. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the attending medical professional and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. ProYouth is not liable for any expenses incurred as a result of any injuries.

I, as the parent/guardian of the minor, do hereby, for my student, myself, my heirs, executors, and administrators, release and forever discharge and hold harmless the ProYouth Program and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions, or causes of action which, in any way, arise from the minor's participation and/or my participation in activities.

MEDICAL INFORMATION

I hereby advise that the above-named minor has the following allergies, reactions to medicine, or unusual physical conditions which should be made known to a treating physician. I acknowledge that only day school staff, and not ProYouth staff, can administer medications to my child.

Known allergies: _____
Medications and schedule: _____
Any other concerns ProYouth should be made aware of: _____

Does your student have any special needs, or an IEP or 504 Plan? Please provide any information that the Program should know: _____

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

This form authorizes ProYouth to receive and use your student's individually identifiable health information, as set forth below, consistent with federal laws (including HIPAA) concerning the privacy of such information. This information will enable us to support the needs of your student. Please complete.

Student/Patient Name: _____ **Date of Birth:** _____

I, the undersigned, do hereby authorize the school district marked below to share health information from the above-named student's medical record with ProYouth. I, the undersigned, do hereby authorize ProYouth to share health information from the above-named student's record with the school district marked below.

_____ Visalia Unified School District, 5000 W. Cypress Ave., Visalia, CA 93277
_____ Tulare Joint Union High School District, 426 N. Blackstone, Tulare, CA 93274

Requested information shall be limited to the following all minimum necessary health information.

DURATION: This authorization shall become effective immediately and shall remain in effect until June 30, 2024. Any changes to this release must be submitted to the ProYouth Site Director in writing.

For additional information, contact the ProYouth Administrative Office:

2009 W Feemster Avenue, Visalia, CA 93277 Office: 559-374-2030 Fax: 559-741-4886

For additional questions, contact the Area Program Manager: Nathan Ortiz at 559-967-4791

I understand that reasonable measures will be taken to safeguard the health and safety of all participants engaged in all afterschool expanded learning program activities. I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize transportation to a medical facility at my expense to provide whatever emergency medical treatment is necessary. I understand that the School District and the ProYouth Program do not carry medical or dental insurance for children injured on the school premises or in ProYouth-related activities.

I acknowledge that I have carefully read this document in its entirety and understand the information herein. A copy will be made available to me upon my request.

I verify that the information contained in this registration form is complete and accurate. By signing below, I authorize and give consent for my student to participate in the ProYouth Expanded Learning Program. I have read and understand the conditions of my student's participation as described in the Participation Waiver and Release herein. I agree to each of the terms and acknowledgements herein and permit my student to participate in the ProYouth Program and all sponsored activities.

Date: _____ **Parent Name (Print):** _____ **Signature:** _____

