

Registration Form - SUMMER 2020



PARTICIPANT INFORMATION Did your child participate last summer? Circle one: Yes No
Does your child currently attend a Boys & Girls Club program? Yes No

CHILD #1:
Last Name _____ First Name _____ Date of Birth _____
Age _____ Current Grade _____
Address _____ City _____ State _____ Zip Code _____

PARENT/GUARDIAN INFORMATION

Mother's name: _____ email _____ Cell number _____
Father's name: _____ email _____ Cell number _____

Who has permission to pick your child up from RISE? List all names: _____
Transportation: car rider _____ bus rider, am _____ bus rider, pm _____
Address of drop off (if different than home listed above) _____
Emergency Contact (other than parents):
Name _____ Relationship to student: _____ Ph #: _____
Name _____ Relationship to student: _____ Ph #: _____

YOUR CHILD'S T-SHIRT SIZE: (circle one) Child: S M L Adult: S M L

FAMILY DATA: (this section must be complete)

Race Category ___ Asian ___ Black/African American ___ White ___ American Indian/Alaska native ___ Multi-Racial/Other
Hispanic or Latino Ethnicity? ___ Yes ___ No
Head-of-Household: Father: ___ Mother: ___ Grandparent: ___ Other: _____
Child lives with: Father: ___ Mother: ___ Both: ___ Other: _____
Annual household income: ___ < \$20,040 ___ \$20,041-\$25,750 ___ \$25,751-\$40,080 ___ \$40,081-\$53,450 ___ >\$53,451

COMMITMENT TO RISE SUMMER PROGRAM:

Initial here: _____ **4 week Commitment**– By signing this form, the parent understands that this is a 4-week program with specific starting and ending dates: JUNE 1 – JUNE 26

Are there dates that your children will be unable to attend RISE this summer? If so, when? _____

Initial here: _____ **Photography Waiver** – By signing this form, the parent permits RISE to use pictures of their child as a program participant in promotional literature published and used by RISE (Brenau Univ & Gainesville Housing Authority, including, but not limited to, newsletters, magazines, brochures, and our Website.

ACADEMIC INFORMATION

School: _____ Teacher: _____ Typical grades (circle): 4's 3's 2's 1's
Reading Level (circle one): below grade level on grade level above grade level

Return Application to Gainesville Housing office or P.O. Box 653, Gainesville, 30503 Attn: RISE



Registration for Additional Child(ren)

PARTICIPANT INFORMATION Did your child participate last summer? Circle one: Yes No

CHILD #2:

Last Name _____ First Name _____ Date of Birth _____
Age _____ Current Grade _____

YOUR CHILD'S T-SHIRT SIZE: (circle one) Child: S M L Adult: S M L

Initial here: _____ Photography Waiver – By signing this form, the parent permits RISE to use pictures of their child as a program participant in promotional literature published and used by RISE (Brenau Univ & Gainesville Housing Authority, including, but not limited to, newsletters, magazines, brochures, and our Website.

ACADEMIC INFORMATION

School: _____ Teacher: _____ Typical grades (circle): 4's 3's 2's 1's
Reading Level (circle one): below grade level on grade level above grade level

PARTICIPANT INFORMATION Did your child participate last summer? Circle one: Yes No

CHILD #3:

Last Name _____ First Name _____ Date of Birth _____
Age _____ Current Grade _____

YOUR CHILD'S T-SHIRT SIZE: (circle one) Child: S M L Adult: S M L

Initial here: _____ Photography Waiver – By signing this form, the parent permits RISE to use pictures of their child as a program participant in promotional literature published and used by RISE (Brenau Univ & Gainesville Housing Authority, including, but not limited to, newsletters, magazines, brochures, and our Website.

ACADEMIC INFORMATION

School: _____ Teacher: _____ Typical grades (circle): 4's 3's 2's 1's
Reading Level (circle one): below grade level on grade level above grade level

PARTICIPANT INFORMATION Did your child participate last summer? Circle one: Yes No

CHILD #4:

Last Name _____ First Name _____ Date of Birth _____
Age _____ Current Grade _____

YOUR CHILD'S T-SHIRT SIZE: (circle one) Child: S M L Adult: S M L

Initial here: _____ Photography Waiver – By signing this form, the parent permits RISE to use pictures of their child as a program participant in promotional literature published and used by RISE (Brenau Univ & Gainesville Housing Authority, including, but not limited to, newsletters, magazines, brochures, and our Website.

ACADEMIC INFORMATION

School: _____ Teacher: _____ Typical grades (circle): 4's 3's 2's 1's
Reading Level (circle one): below grade level on grade level above grade level



Medical Form- 2020

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer, and detail at the bottom.

Child #1's Name: _____

Birth Date _____

Parent/Guardian Name: _____

Medical Problems: please circle answer

1. **Yes No** Has your child ever been in the hospital overnight?
2. **Yes No** Is your child taking any medications?
3. **Yes No** Any allergies or reactions to medicine, immunizations or insects?
4. **Yes No** Does your child have any food allergies?
5. **Yes No** Has your child had asthma or wheezing?
6. **Yes No** Does your child have speech or hearing problems?
7. **Yes No** Has your child has more than two ear infections in a year?
8. **Yes No** Has your child had tonsillitis?
9. **Yes No** Does your child have trouble with his/her eyes?
10. **Yes No** Has your child had a bladder or kidney infection?
11. **Yes No** Does he/she have seizures, fits or shaking spells?
12. **Yes No** Have you ever been told your child has a heart murmur?
13. **Yes No** Has your child ever had a bumpy or swollen reaction to a TB test?
14. **Yes No** Has your child ever been with anyone who has TB?

General Development:

15. **Yes No** Does your child get along well with other children?
16. **Yes No** Does your child have any special needs not indicated above?
18. **Yes No** When did your child last see a doctor? Month _____ Year: _____
19. **Yes No** Is your child able to play as hard as other children?

If yes to any items above, please provide details:

Child #2's Name: _____

Birth Date _____

Parent/Guardian Name: _____

Medical Problems: please circle answer

1. **Yes No** Has your child ever been in the hospital overnight?
2. **Yes No** Is your child taking any medications?
3. **Yes No** Any allergies or reactions to medicine, immunizations or insects?
4. **Yes No** Does your child have any food allergies?
5. **Yes No** Has your child had asthma or wheezing?
6. **Yes No** Does your child have speech or hearing problems?
7. **Yes No** Has your child has more than two ear infections in a year?
8. **Yes No** Has your child had tonsillitis?
9. **Yes No** Does your child have trouble with his/her eyes?
10. **Yes No** Has your child had a bladder or kidney infection?
11. **Yes No** Does he/she have seizures, fits or shaking spells?
12. **Yes No** Have you ever been told your child has a heart murmur?
13. **Yes No** Has your child ever had a bumpy or swollen reaction to a TB test?
14. **Yes No** Has your child ever been with anyone who has TB?

General Development:

15. **Yes No** Does your child get along well with other children?
16. **Yes No** Does your child have any special needs not indicated above?
18. **Yes No** When did your child last see a doctor? Month _____ Year: _____
19. **Yes No** Is your child able to play as hard as other children?

If yes to any items above, please provide details:

Medical Form- 2020



The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer, and detail at the bottom.

Child #3's Name: _____

Birth Date _____

Parent/Guardian Name: _____

Medical Problems: please circle answer

1. **Yes No** Has your child ever been in the hospital overnight?
2. **Yes No** Is your child taking any medications?
3. **Yes No** Any allergies or reactions to medicine, immunizations or insects?
4. **Yes No** Does your child have any food allergies?
5. **Yes No** Has your child had asthma or wheezing?
6. **Yes No** Does your child have speech or hearing problems?
7. **Yes No** Has your child has more than two ear infections in a year?
8. **Yes No** Has your child had tonsillitis?
9. **Yes No** Does your child have trouble with his/her eyes?
10. **Yes No** Has your child had a bladder or kidney infection?
11. **Yes No** Does he/she have seizures, fits or shaking spells?
12. **Yes No** Have you ever been told your child has a heart murmur?
13. **Yes No** Has your child ever had a bumpy or swollen reaction to a TB test?
14. **Yes No** Has your child ever been with anyone who has TB?

General Development:

15. **Yes No** Does your child get along well with other children?
16. **Yes No** Does your child have any special needs not indicated above?
18. **Yes No** When did your child last see a doctor? Month _____ Year: _____
19. **Yes No** Is your child able to play as hard as other children?

If yes to any items above, please provide details:

Child #4's Name: _____

Birth Date _____

Parent/Guardian Name: _____

Medical Problems: please circle answer

1. **Yes No** Has your child ever been in the hospital overnight?
2. **Yes No** Is your child taking any medications?
3. **Yes No** Any allergies or reactions to medicine, immunizations or insects?
4. **Yes No** Does your child have any food allergies?
5. **Yes No** Has your child had asthma or wheezing?
6. **Yes No** Does your child have speech or hearing problems?
7. **Yes No** Has your child has more than two ear infections in a year?
8. **Yes No** Has your child had tonsillitis?
9. **Yes No** Does your child have trouble with his/her eyes?
10. **Yes No** Has your child had a bladder or kidney infection?
11. **Yes No** Does he/she have seizures, fits or shaking spells?
12. **Yes No** Have you ever been told your child has a heart murmur?
13. **Yes No** Has your child ever had a bumpy or swollen reaction to a TB test?
14. **Yes No** Has your child ever been with anyone who has TB?

General Development:

15. **Yes No** Does your child get along well with other children?
16. **Yes No** Does your child have any special needs not indicated above?
18. **Yes No** When did your child last see a doctor? Month _____ Year: _____
19. **Yes No** Is your child able to play as hard as other children?

If yes to any items above, please provide details:

Program Rules 2020



Please initial each line.

_____ 1. This registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities, except noted by me.

_____ 2. I have read the rules and policies of the Summer Camp Program. I agree to follow the policies of the Gainesville Housing Authority and its partners. I understand that my failure to do so may result in my child being discharged from the program.

_____ 3. I understand that GHA staff, partners and/or volunteers are not allowed to babysit or transport children at any time.

_____ 4. I understand that I am not to leave my child at the GHA or program site unless a GHA staff or volunteer is there to receive and supervise my child.

_____ 5. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with camp personnel.

_____ 6. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position in which they have to make this judgment call.)

_____ 7. I hereby consent to the use of my child's likeness in photographs, film or videotape for use in editorial, illustration or promotional purposes.

_____ 8. The GHA considers all registrations without regard to race, color, religion, sex, national origin and presence of medical condition or handicap. However, the GHA does reserve the right to refuse admission to any child who may require a level of attention beyond that which GHA programs are designed to accommodate or require specialized training that may prevent GHA staff from adequately meeting the needs of the child.

_____ 9. My child will not be allowed to enter or leave the facility without being escorted by the parent(s); person authorized by parents, or facility personnel.

_____ 10. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status).

_____ 11. The GHA agrees to keep me informed of any incidents, including illness, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.

Signature: _____ Date: _____

Printed Name: _____



Gainesville City Schools
Parent Consent for Access to Student Records

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to families concerning the privacy of, and access to, student education records. Parents or guardians may choose to complete and submit this form allowing the release of student education records to specified third parties. For additional information, visit the U.S. Dept. of Education’s website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

The Gainesville City School System works in cooperation with the Gainesville Housing Authority’s RISE program to promote increased student achievement and to ensure that learning continues throughout the summer. In order to provide the best services possible, it is important that the school system and the RISE program work together to support students. Parents or guardians may allow the Gainesville City School System to release student information to the RISE program by completing the bottom portion of this form.

<p>Section A. Education Records to be released <u>(check all that apply)</u></p> <p><input type="checkbox"/> Academic Information (grades, test scores, academic progress, enrollment status)</p> <p><input type="checkbox"/> Pertinent Support Information (need for glasses, hearing aid, or other supports)</p> <p>Other: _____</p>
<p>Section B. Duration of release: March 1, 2020 - August 31, 2020</p> <p><input type="checkbox"/> One-Time Use: This authorization can only be used once.</p>
<p>Person(s) to whom access to records can be provided:</p> <p>Maria Calkins, RISE Summer Program</p>

I understand that (1) I have the right not to consent to the release of these education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Gainesville City School System.

Parent Signature _____

Student Name(s): (Please list all students attending RISE) _____

Release of Liability



In exchange for participation in the RISE Summer Program organized by Gainesville Housing Authority and its partners including, but not limited to Brenau University, (collectively known as "RISE"), I agree for myself and for the members of my family, to the following: **PLEASE INITIAL EACH ITEM**

_____ 1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by RISE, or the employees, representatives or agents of RISE.

_____ 2. I recognize that there are certain inherent risks associated with the RISE Summer Program and I assume full responsibility for personal injury to family members, and further release and discharge RISE for injury, loss or damage arising out of my family's use of or presence upon the facilities of RISE, whether caused by the fault of myself, my family, RISE or other third parties.

_____ 3. I agree to indemnify and defend RISE against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my family's use of or presence upon the facilities of RISE.

_____ 4. I agree to pay for all damages to the facilities of RISE caused by my family's negligent, reckless, or willful actions.

_____ 5. I consent to the participation of my sons or daughters (name below) in RISE, and agree on behalf of the below listed minor(s) to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of the minor(s) name(s) listed below.

_____ 6. In the event of an injury to the below listed minor(s) during the above described activities, I give my permission to RISE or to the employees, representatives or agents of RISE to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will remain in effect during the duration of the **RISE Summer Program, June 1-26, 2020**, or until terminated in writing by undersigned, whichever occurs first. RISE shall have the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an emergency.
- c. The power to make appropriate decisions regarding clothing, nourishment and shelter for the duration of the daily camp hours.

_____ 7. Any legal or equitable claim that may arise from participation in the above shall be resolved under Georgia law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature: _____ Date: _____

Parent/Guardian printed name: _____

Children's names: Please list all children attending RISE Summer Program:

