



**Sacramento City Unified School District  
Youth Development Support Services  
Expanded Learning Programs**



**Participant Registration Form (K – 8)**

School: \_\_\_\_\_

Student Information											
First					Middle				Last		
Gender	M <input type="checkbox"/> F <input type="checkbox"/>		Birthday (MM/DD/YYYY)						Foster Youth	Y <input type="checkbox"/> N <input type="checkbox"/>	
Student ID Number					Grade (Circle one)	K 1 2 3 4 5 6 7 8					
Siblings(Same household; if any)	Names: _____										
Student Contact Information											
Home Address	_____										
City					State				Zipcode		
Home Phone				Cell					Work		
Parent/Guardian Information											
Parent/Guardian Name	_____										
Parent Email							Relationship				
Home Phone				Cell					Work		
Emergency Contact Information											
Name:							Relationship				
Home Phone				Cell					Work		
Student Transportation Information											
Please indicate how your child will get home from his/her After School Program:											
<input type="checkbox"/> My child walks home/or rides his/her bike from school <input type="checkbox"/> My child will take the RT bus or other public transit from school <input type="checkbox"/> My child will be picked up from school, authorized persons: 1. _____ 2. _____											
At home, what is your primary language?					_____						
Student Medical Information											
To the best of my knowledge this child is healthy and fit to participate in related activities:											
Y <input type="checkbox"/> N <input type="checkbox"/> ; if No, please explain: _____											
My child is currently experiences or has recently had issues with ( <i>please check all that apply</i> )											
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma/Inhaler <input type="checkbox"/> Diabetes <input type="checkbox"/> Other: _____											
My child is currently taking medication(s)											
Y <input type="checkbox"/> N <input type="checkbox"/> ; if Yes, please list medications: _____											



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**Program Evaluation Consent & Media Release**

**Request for Permission:** We are asking your permission for your child to take part in a district evaluation of the after school program offered at your child’s school site. As part of the study, we will be asking your child, your child’s teacher, and school administrators to share information that will tell us about your child’s experiences in the program. This will help us measure changes in your child’s attitude; behavior and/or academic achievement that may have resulted from his/her participation.

Your consent and your child’s participation in the study are completely voluntary. Your child may decide not to participate, to only answer specific questions, or leave the study at any time without penalty.

**Purpose of the Study:** The information we will be collecting for the study is a requirement of the California Department of Education (CDE), this government agency provides funding for the program. The information will help us learn whether or not the program has been successful. Your child’s participation will help us to continue to provide quality after school programs in the future.

**Confidentiality:** All of the information used for the study will be completely confidential and will not be seen by anyone except those people working on the study. Your child will be assigned a code number so that responses to any questions we ask cannot be linked back to your child. Names will not be used.

- I give permission for my child to participate in an evaluation study as part of his/her involvement in the after school program
- I do not give permission for my child to participate in an evaluation study as part of his/her involvement in the after school program

**Media/Photo Release:**

- I give permission for my child to be photographed or videotaped as part of his/her involvement in the SCUSD sponsored after school program. I also give permission for his/her photo and/or image to be used in publications and/or promotional material associated with the after school program
- I do not give permission for my child to be photographed or videotaped as part of his/her involvement in the SCUSD sponsored after school program. I also give permission for his/her photo and/or image to be used in publications and/or promotional material associated with the after school program

**Parent /Guardian Signature & Release:** I, the undersigned, am parent and/or legal guardian of the student noted on this document, and hereby fully release and discharge the Sacramento City Unified School District, Sacramento Chinese Community Service Center, Inc., Target Excellence, New Hope Community Development Corporation, the Boys & Girls Club of Sacramento, Club Z!, Sacramento START, Think Together, Inc., City of Sacramento, and other contracted service providers, their officers, employees, agents, servants, and volunteers from any and all liability arising in connection with the above-described independent activities and all liabilities associated with any and all claims related to such activity that may be filed on behalf or for the above named minor. For the purpose of this release, “liability” means all claims, demands, losses, causes of actions, suits or judgments of any and every kind that arise as a result of the above described activity and resulting from any cause other than the district’s, city’s and/or agency’s negligence.

**Release and Waiver of Liability**

I, the undersigned, am the parent and/or legal guardian of the minor child listed on the first page of this form. I hereby fully release, waive forever discharge, hold harmless and agree not to sue the Sacramento City Unified School District (“District”) and its Board of Education, the City of Sacramento, Sacramento Chinese Community Service Center, Inc., Target Excellence, New Hope Community Development Corporation, the Boys & Girls Club of Sacramento, Roberts Family Development Center, Rose Family Creative Empowerment Center, Center for fathers and families and any other contracted service providers of the District’s ASES or ASSETS After School Programs (“Programs”) (jointly referred to as “the Parties”), as well as the Parties’ officers, employees, agents, servants, and volunteers from any and all liability arising out of or in connection with my child’s participation in the Programs, and all liabilities associated with any and all claims related to such participation that may be filed on behalf or for my child. For the purpose of this release and waiver, “liability” means all claims, demands, losses, causes of action, suits or judgments of any and every kind that arise as a result of my child’s participation in the Programs and that result from any cause other than the Parties’ gross negligence.

By signing below I give permission for my child to participate in the Programs. I also give my consent to any medical treatment deemed necessary by medical personnel for the physical well-being of my child. I assume full responsibility for my child’s behavior and agree to pay for all damages to property or person caused by him/her. I understand that I will be notified if my child’s behavior interferes with the Programs, and that further disciplinary problems may result in his/her expulsion from the Programs. This release and waiver shall remain in effect while my child is participating in the Programs. I understand that I may revoke my consent in writing. However, if I do so my child will no longer be permitted to participate in the Programs.

I understand that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of California, and agree that if any portion is held invalid, the remainder of this release and waiver will continue in full force and effect.

I consent to the District releasing information regarding my child that is protected from disclosure by the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and/or the Health Insurance Portability and Accountability Act of 1996 and its accompanying regulations (hereinafter collectively referred to as “HIPAA”) to the City, SCCSC, Target Excellence, the Park District and any other contracted service providers of the Programs. I understand that the District shall only release such information as necessary for operation of the Programs.

My signature below additionally verifies that I understand that except as otherwise approved, my child is expected to attend the Programs from when he/she is dismissed from school until 6:00 pm, for the full program session. I also understand that student attendance will be recorded in each class and that I will be required to verify my child’s absences.

I acknowledge that I have had sufficient time to read this entire form. I have carefully read and understand all of it and I agree to be bound by its terms.

Print Parent/Guardian Name		Signature		Date	
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