

ASCEND

After School Commitment to Education & Development

ASCEND-Student Registration Form (GRADES 5-10)

PARENTS: All of this information is very important, please fill out carefully

Today's Date:		GRADE:		Teacher:	
STUDENT INFO					
Date of Birth		LAST NAME	First Name	M.	
Physical Address:					
	Address	City	State	Zip	
MAILING (if different):					
	Address	City	State	Zip	
Parent/Guardian 1:					
	Last Name	First Name	Contact Number:		
Parent Guardian 2:					
	Last Name	First Name	Contact Number:		
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at the same address):					
	NAME	RELATIONSHIP	CONTACT NUMBER		
Comments/Concerns:					
Food Allergies/Allergies:					
Medication Needs:					

Release Agreement for Minor:

I, the undersigned, being the parent and/or legal guardian of _____ a youth, who is a minor, do hereby understand fully the risks associated with participating in this program and in consideration of accepting my child for the ASCEND Program 2018-2019 School Year, do hereby release, discharge and/or otherwise indemnify. ASCEND Program, Curry Public Library all its administrators, staff, volunteers, and associated personnel, against any claim by or on behalf of my child as a result of his/her participation in the ASCEND Program 2018-2019 School Year, included being transported to or from activities, games, field trips for which I give authorization.

Consent for Medical Treatment –Minor

I, undersigned, being the parent and/or legal guardian of _____.

Do hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent named above. You are acknowledging that you understand you are assuming any and all medical responsibility and liability for the child listed above in any and all activities related to the ASCEND Program 2018-2019 participation. You are further stating and/or agreeing that you are authorized assumes the afore-mentioned liability.

INSURANCE INFORMATION:

PRIMARY INSURANCE:	Group No:	Policy No:
SECONDARY INSURANCE (IF APPLICABLE):	Group No:	Policy No:

Media Release Statement:

The Curry Public Library and the After School Commitment to Education & Development (ASCEND) program periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the Curry Public Library and its designees to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify the Curry Public Library and the ASCEND Program Director if any changes to my situation occur that will impact this media release permission.

Signature of Parent or Guardian (if under 18) - I am the guardian of the minor named above and hereby agree that we will be bound by this release:

Signed _____ Date _____

I DECLINE to give permission for any photograph, digital image, videotape, other picture, voice, performance, and comments to be used for promotional purposes by Curry Public Library and its designees.

Signed _____ Date _____

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

This form grants ASCEND Program Director Karlie Wright access to student educational records to assist in grant reporting, student academic assistance, and/or identifying student needs for any participant in the ASCEND Program.

I _____ authorize the Central Curry School District to:
Parent/Guardian

Release the following information pertaining to my student (Student Name): _____

_____ Educational Records (Including address & phone numbers to contact parent/guardians)
_____ other (specify) _____

for the purpose of:

_____ evaluation/assessment and/or coordinating academic support efforts

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released).

If you have any questions regarding the details of this agreement, please contact the ASCEND Program Director at 541-247-7246, ext. 204.

STUDENT NAME: _____ GRADE LEVEL: _____

PARENT/GUARDIAN NAME (Please Print): _____

Contact Number: _____

Signature of Parent/Guardian

Date

Program Student & Parent Expectations

1. Students are respectful to program staff, library staff, school staff, volunteers, and the equipment provided within the program.
2. Students will not be allowed to leave before scheduled end time, unless a parent has previous arranged for student to leave early.
3. Transportation will be provided for students, walking home is great, it just needs to be prearranged.
4. Bullying of other participants will not be tolerated, you will immediately be asked to leave and your return will be questionable.
5. This program provides a “no excuses” opportunity for kids to be successful in their academics, the expectation is that academics will be the priority.
6. If there are issues within the program that need to be addressed, please immediately contact the Program Director.
7. It is our goal as a program to create a fun, encouraging, and effective afterschool program, in order to best accomplish this we will need to be able to work together with yourself as a parent/guardian, your student(s), and the school.

Myself and my student have read and understand the student and parent expectations of the program.

Parent/Guardian Signature

DATE

Student Signature