



# Promise South Salt Lake 2021-2022 Youth Program Application

Student's Name (First, Last)				Guardian/Parent	Gender	Phone Number	Text?
Student's Preferred Name (if different)							
Date of Birth	Student 9#	Age	Gender	<b>Other persons authorized to pick up your child from programs:</b> <small>*All individuals picking up children will be asked for proper identification.*</small>			
Teacher		Grade		Name	Relationship to Child	Phone Number	
Home Address			Apt#				
Siblings and Grades							
Guardian Email Address				Language(s) Spoken at Home			

Medical Information	Yes/No	If yes, please specify
Allergies		
Dietary Needs		
Medications		
IEP or 504		
<b>Other needs or information we need to be aware of:</b>		

Please mark all that apply. This information is voluntary, you are not obligated to disclose.	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African/African American <input type="checkbox"/> Latino/a <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <hr/> My child receives Free or Reduced lunch. <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Origin _____	

**If you agree to the following statements, please initial/check**

\_\_\_\_\_ **Media:** I give permission for my child to be interviewed, surveyed, photographed, or videotaped during Promise South Salt Lake activities, all of which could be used for program evaluation, promotional publication, or educational purposes.

\_\_\_\_\_ **Field Trips:** I give permission for my child to participate in program Field Trips.

\_\_\_\_\_ **Walk Home:** I give permission for my child to walk home from their Promise South Salt Lake Program location/locations.

\_\_\_\_\_ **COVID-19 Precautions:** I give permission for Promise South Salt Lake staff to monitor my child for symptoms of contagious disease, which may include taking temperatures. I understand that my child will not be able to attend program if they exhibit any of the following symptoms: fever in excess of 101°, cough, shortness of breath, muscle aches, loss of sense of smell or taste, inflamed/watery eyes, sore throat, diarrhea, vomiting, or other cold/flu symptoms. I will notify Promise staff of any symptoms or positive COVID-19 test in my household and will cooperate in any necessary contact tracing efforts.

\_\_\_\_\_ **Virtual Activities:** I give permission for my child to participate in program activities using online platforms as the need arises.

**Early Childhood Referral:** Do you have any children who are 0-4 years old? Y / N

If yes, may we share your contact information with our early learning partners? Y / N

**Liability/Medical Release and Permission to Participate**

I understand that any interaction with the general public poses an elevated risk of being exposed to COVID-19 and other contagious disease. While Promise South Salt Lake follows guidelines from local public health and childcare licensing officials and takes precautions to promote health and safety of program participants and staff, Promise South Salt Lake cannot guarantee that youth will not be exposed while participating in Promise programs. In consideration of the acceptance of my application/request to participate in the Promise South Salt Lake Programs, I do hereby waive, release, and discharge any and all claims for damages of death, personal injury, or property damage which myself and/or my child/children may have, or which may hereafter accrue as a result of participation in said programs. It is understood that some programs/activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the forgoing liability release, and sign it voluntarily. I hereby give the Promise South Salt Lake the right to render aid and to apply emergency medical treatment to myself and/or my child/children in the event of an accident or injury, as they deem necessary. Additionally, in case of emergency or serious illness, when I cannot be reached immediately, I hereby authorize Promise South Salt Lake to obtain emergency medical care and/or provide medical transportation. I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

\_\_\_\_\_ Guardian/Parent Signature

\_\_\_\_\_ Date