



# AFTER-SCHOOL ALL-STARS REGISTRATION FORM

## STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  Male  Female School:   KING   Grade: \_\_\_\_\_

Primary ethnicity (**check all that apply**):  American Indian  Asian  Native Hawaiian  African American  
 Caucasian  Pacific Islander  Hispanic/Latino  Other (please list): \_\_\_\_\_

## FAMILY CONTACT INFORMATION

**Parent/Guardian 1** (will be contacted 1<sup>st</sup> in the case of an emergency)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child : \_\_\_\_\_

PHONE: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to child : \_\_\_\_\_

PHONE: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical problems/conditions: \_\_\_\_\_

Allergic to any medications?  Yes  No (if 'Yes', please list): \_\_\_\_\_

Dietary restrictions:  Yes  No (if 'Yes', please list): \_\_\_\_\_

## DISMISSAL- STUDENTS ARE RELEASED PROMPTLY AT THE END OF PROGRAM

### PLEASE CHOOSE ONLY ONE OPTION

My child can go home on their own **OR**  My child must be picked up by a family member

*If you select that your child **MUST** be picked up, please ask the ASAS Site Coordinator for a Student Pick Up Listing Form.*

## ATTENDANCE AT AFTER-SCHOOL ALL-STARS HAWAII PROGRAMS – PLEASE INITIAL ALL POINTS BELOW

- I understand attendance at ASAS programs is not mandatory \_\_\_\_\_ Initial
- I understand that it is my child's responsibility to attend program \_\_\_\_\_ Initial
- I understand that unless I select 'Yes' below, that ASAS will NOT contact me if my child does not attend \_\_\_\_\_ Initial

**I WOULD LIKE ASAS TO CALL ME EACH DAY MY CHILD DOES NOT ATTEND PROGRAM:**  Yes  No

- I understand that if I select 'Yes' above, ASAS will **only** call me for two consecutive days of my child's absence \_\_\_\_\_ Initial

**Parental consent for photographs:**

I hereby grant full permission to After-School All-Stars Hawaii to use my child’s photograph in videotapes, publications, motion pictures, recordings, and all other events.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent liability/Parent authorization:**

In consideration of my minor/ward \_\_\_\_\_ (insert name) being allowed to participate in the After-School All-Stars (ASAS) Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. I certify that the above participant is in good physical and mental health and has never been declared medically ineligible from athletic competition. I further certify that the above mentioned participant has had no pre-existing medical condition or injury, listed as, but not limited to: exercise-induced asthma, cardiac or pulmonary (lung) disease, abnormal organ deficiencies, and head or neck injuries which may limit playing abilities; and,
2. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis, and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
3. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY CHILD’S PARTICIPATION; and,
4. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and,
5. I, for myself and of behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS ASAS, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and leasers of premises used for the activity (“RELEASEES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for treatment:**

I understand that in case of emergencies, ASAS will make every effort to contact the parent(s)/guardian(s) before any treatment is given. In the event that we cannot be contacted, I hereby authorize the physician or hospital selected by ASAS to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my child. It is further understood that I (the parent/guardian) will assume full responsibility for any such treatment, including the payment of all costs and transportation and will hold the ASAS Site Coordinator, After School Staff and Youth Leaders, harmless therefrom.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental consent to access report cards and other school data:**

I authorize the release of the following school information regarding my child to ASAS: (a) student identification number, (b) school attendance, (c) demographic data, including, but not limited to the participant’s race/ethnicity, whether the participant receives special education services, whether the participant is considered an English Language Learner and whether participant participates in the free or reduced priced lunch program, (d) achievement data, including but not limited, grades and standardized test scores, and (e) behavior data. Additionally, I understand that the information as noted above will only be shared with qualified professional staff from ASAS and with contracted third-party ASAS evaluators.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Evaluation and/complete surveys:**

I hereby give permission for my child and give consent for myself, as a parent or guardian, to complete surveys and participate in evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations are voluntary and that I and my child may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child’s eligibility to participate in the ASAS program. I further give permission for my child’s after-school participation, school attendance, demographic, achievement and behavior data to be used in ASAS evaluations.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_