

Youth Enrichment Association, Inc. Registration Addendum Form

Parents must fully complete this form to update important information about their child as he/she transitions into a new program. This is to ensure that YEA has the most current information on file.

Program Name _____ Program Year _____

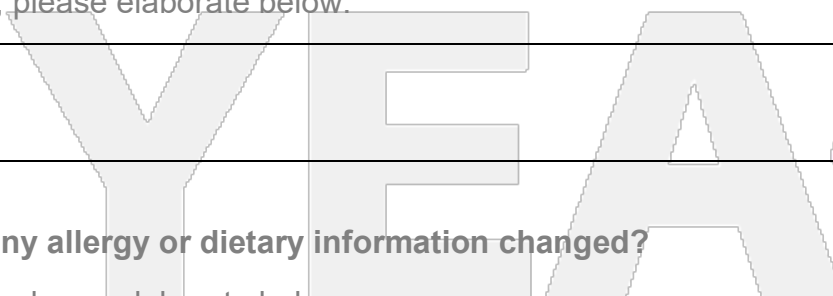
Scholar Information

Scholar Name _____ Date _____

School _____ Grade _____

Has any medical, health, or insurance information changed? Yes | No

If **yes**, please elaborate below:



Has any allergy or dietary information changed? Yes | No

If **yes**, please elaborate below:

Do we have the same permissions as given in the original registration forms?

Permission to transport Yes | No

Permission to administer over the counter medication Yes | No

Permission to photograph/video record Yes | No

Please provide any new information that may be beneficial for our staff to know here:

Parent/Guardian Contact Information

Parent/Guardian #1 Name _____

Phone Number _____ Email _____

Parent/Guardian #2 Name _____

Phone Number _____ Email _____

Has any your child's home address changed? Yes | No

If **yes**, please provide new home address below:

Emergency Contact/Pick-Up Information

Has any emergency contact information changed? Yes | No

(please include persons who need to be removed or added)

If **yes**, please elaborate below:

Has any dismissal information changed? Yes | No

(i.e. transportation method, approved pick up persons, etc.)

If **yes**, please elaborate below:

Releases, Authorizations, consents, and Acknowledgements

Medical Release and Authorization

As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Youth Enrichment Association and its affiliates including Directors, Counselors, Staff, Volunteer Staff and Activity Partners to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

I agree

I disagree

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by during the selected after school. In exchange for the acceptance of said child's candidacy by the Youth Enrichment Association, Inc. , I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless the Youth Enrichment Association, Inc. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected after school sessions.

In case of injury to said child, I hereby waive all claims against the Youth Enrichment Association, Inc. including all Directors, Counselors, Staff, Volunteer Staff, Activity Partners, Affiliates, all Participants, Sponsoring Agencies, Advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Failure to agree to these terms will result to your child being withheld or prevented from participating in any and all activities that involve any risk.

I agree

I disagree

Photograph and Video Release

We, at the Youth Enrichment Association, Inc., would be from time to time taking photos of program participants during their activities within the premises and off-site. In this regard, we seek your consent for the publishing or use of photos which your child may be included.

The photos will be used for bulletin boards, marketing or advertising, and/or marketing updates posted via social media platforms, website, newsletters, and/or within the walls of the after school and office premises.

For protection of privacy of the child, we guarantee that names will not be included.

I agree

I disagree

Terms & Conditions

1. Parents must be aware that after school will be on a first come first served basis.
2. Should the after schooler withdraw anytime within the period of the scheduled after school which the participant is enrolled, he/she shall not be automatically reconsidered for reenrollment
3. All medical conditions of the participant must be stated on the registration or registration addendum form in a concise and clear manner.
4. Program participants, when in program activity must bring the recommended gear for the specific trip that shall be required by the program director, coordinator, or the counselor.
5. Participant should bring his/her own learning materials upon admission to the program (i.e. text book, work books, notes, and handouts. The rest shall be provided by the program.
6. Any activity outside or not part of the program shall not hold the program's employees responsible for anything that might happen to the program participant.
7. The program shall not accept responsibility for the loss or damage to any property belonging to the program participant.
8. The program reserves the right to cancel part of/or the entire program.
9. Mobile Phones are prohibited in the program, and it is best to leave participant's valuables and communication devices left at home.
10. The program staff may take photos or videos while in the program's activities and may use such photos or videos for promotional purposes. However, if you do not wish images of your child to be used by us. Please inform us anytime.
11. The guardian authorizes the program to seek medical treatment in the event of an accident or sickness. It is likewise the program's responsibility to inform the parents/guardians of the participant in case such event arises at the earliest time possible for the program's staff to inform the parents or guardians.
12. The schedule of activities is subject to change depending on weather conditions, program schedule and other arrangements by which the program reserves the right to cancel, amend or alter activities accordingly in the event of unanticipated situations.

I agree

I disagree

Print Name

Signature

Date