

Please return completed application to school office or to Community Church



Whiz Kids Student Registration

Questions, please contact:

Community Church

339 Meyer Ave., Riverside, OH

45431 Phone: 937-253-5169

Student's name			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Race/Ethnicity	Asian <input type="checkbox"/> Black/AA <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Appalachian <input type="checkbox"/>
Date of Birth/Grade/Teacher	____/____/____	Grade:	Teacher:
School/Home Church Name	School Name: _____ Home Church Name: _____		
Parent/Guardian 1	_____ Emergency Contact Yes <input type="checkbox"/> No <input type="checkbox"/>		
Street Address	_____		
Phone Number 1	City _____ State _____ Zip Code _____		
Phone Number 2	_____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____ Email Address _____		
Parent/Guardian 2	_____ Emergency Contact Yes <input type="checkbox"/> No <input type="checkbox"/>		
Address	_____		
Phone Number 1	_____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>		
Phone Number 2	_____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>		
Additional Contact	_____ Emergency Contact Yes <input type="checkbox"/> No <input type="checkbox"/>		
Phone Number 1	_____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>		
Phone Number 2	_____ Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/>		
	Relationship to Student: _____		

For site use only

Start date _____ Reading A-Z level _____ Tutor _____ Transportation _____

PARTICIPATION CONSENT, WAIVER, AND RELEASE

I _____ give my child _____
(Parent/Legal guardian) (Child's name)

permission to participate in the Whiz Kids tutoring program offered during the current school year (the "Program"). By signing this document, I am documenting that I understand and agree to each of the following statements and that I agree to hold Community Methodist Church Riverside and its partnering church, agents, employees' representatives, successors, and assigns (collectively "CMCR") harmless of and from any and all liability of whatever nature which may arise out of or result from my child's participation in the Program as consented to in this document:

- **Communication with school:** Members of the faculty at my child's school may discuss my child's grades, score and progress with his/her Program tutor. This will always be done in a confidential manner.
- **Emergency Medical Treatment:** If my child becomes seriously ill or injured while participating in the Program, including but not limited to during transportation to or from the Program, any authorized member of CMCR may seek and obtain emergency medical treatment for my child as he or she deems necessary.
- **Faith-based activities:** I acknowledge that the Program is an initiative of Community Methodist Church Riverside, which is a Christian faith-based organization. My child has permission to participate in faith-based activities as they may be offered during the Program.
- **Publicity:** CMCR may use my child's name and/or photograph(s)/video for the purposes of duplication, publicity and/or publication.
- **Transportation:** The authorized members of CMCR may secure travel for my child to and from the Program and any and all activities related to the Program.

Acknowledgement of Understanding: I have read this Consent, I understand the terms used in this Consent and have willingly placed my signature below as evidence of my acceptance of all the conditions stated in the Consent. I sign this Consent with the understanding that I, for my child and for me, am giving up any right to legal recourse against CMCR for negligent conduct (but not for reckless or intentional conduct) in return for allowing my child or me to participate in Program activities. I understand that this Consent applies each and every time, and remains in effect for as long as, my child or I participate in any Program activities.

Because I am signing this Consent on behalf of a minor, I certify that I am my child's custodial parent or legal guardian with full authority to act on my child's behalf with respect to everything addressed in this Consent.

Signature of Parent/Legal Guardian

Date

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Purpose: To enable a custodial parent or guardian to authorize emergency medical treatment to his or her student **if** the student becomes seriously ill or injured while participating in the Whiz Kids' Tutoring Program **and** the custodial parent or guardian **cannot be contacted**.

DIRECTIONS AND CONSENT

1. If my student seems to need emergency medical treatment, **I direct** that my student be transported to a nearby hospital.
2. If, after arranging for my student's transportation to a nearby hospital, reasonable efforts to contact me are unsuccessful, **I then direct** that reasonable efforts be made to contact at least one of the medical care providers listed below.
3. If neither I nor either of the medical care providers listed below can be successfully contacted to discuss emergency medical treatment for my student, **I consent** to any emergency medical treatment considered necessary by the medical care personnel treating my student. This consent to emergency medical treatment **does not authorize** surgery **unless** before the surgery, two physicians agree that surgery is necessary (one of whom **must be** one of the medical care providers named below – but only if available).

Medical care providers:

Physician – General _____ Phone (_____) _____

Physician - Specialist _____ Phone (_____) _____

Additional information:

Date _____ Signature of Parent/Legal Guardian _____

FACTS ABOUT MY STUDENTS MEDICAL HISTORY

1.	Does your student have any physical disabilities? Yes [] No [] If yes, please describe below.
2.	Is your student currently taking any medications? Yes [] No [] If yes, please list below.
3.	Does your student have any dietary allergies or restrictions? Yes [] No [] If yes, please list below.

PARENT/GUARDIAN PICK-UP RELEASE FORM

Child's Name _____

Upon release the following people are permitted to pick-up my child at the conclusion of the weekly Whiz Kids Program at Community Methodist Church Riverside:

<u>Name</u>	<u>Relationship to Student</u>	<u>Phone Number</u>

Parent/Guardian Signature _____

Date _____

Name of child _____

In order to assist us in matching your child with a mentor/tutor (or in the Summer, to learn more about your child's interests), please check those areas in which your child is interested.

- ☐ Arts and Crafts
- ☐ Board games
- ☐ Building construction
- ☐ Computer games
- ☐ Concerts
- ☐ Cooking
- ☐ Dance
- ☐ Movies
- ☐ Museums
- ☐ Music
- ☐ Outdoor activities
- ☐ Playing an instrument
- ☐ Reading
- ☐ Robotics (STEM)
- ☐ Shopping
- ☐ Singing
- ☐ Sports
- ☐ Theatre (Plays)
- ☐ Travel
- ☐ Walking/Hiking
- ☐ Other _____