



**2017-1018**

**Community Works Participant Agreement**

**ACTIVITIES - CONSENT AND RELEASE**

Parents / Guardians (hereafter “Parent(s)”) and Student acknowledge that a wide variety of activities are conducted during the Community Works Program and Parents hereby give permission for their Student to participate in these activities, assuming all ordinary risks normally inherent to the nature of the activities. Such activities include, but are not limited to, the following: yoga, group sports and games, canoeing, dance, theater, bowling, and a variety of special events and scheduled field trips. Student and Parents realize that some of these activities may subject Student to certain stresses and hazards, not all of which can be foreseen. Student is in good health and in proper physical condition to participate in such activities. Student desires and consents to take part in all such activities (except when requested to be excluded for medical or religious reasons). Student and Parent assume all of the ordinary risks normally inherent to the nature of the activities and events to be conducted and agrees that Community Works of Louisiana (CWLA) nor any of its directors, officers, employees, agents or other persons conducting such activities shall be responsible for any damages or injuries resulting to Student in the absence of gross negligence.

**TRANSPORTATION CONSENT**

By enrolling Student in the CWLA Program, Parents hereby authorize the transportation of Student to and from all field trips, activities, and locations that are organized for the program.

**MEDIA CONSENT**

By enrolling Student in the CWLA Program, Parents hereby give their permission to the administration to photograph, video, use student’s work, and student’s name in a reasonable and professional manner, for promotional and advertising purposes (i.e. camp videos, scrapbooks, brochures, picture day, etc.)

**EMERGENCY MEDICAL CONSENT**

By enrolling Student in the CWLA Program, Parents hereby authorize the procurement of whatever emergency medical treatment may be necessary for Student. Parents also authorize the removal of Student from the Program premises for the purpose of obtaining such emergency medical treatment if the need so arises. Parents agree to hold CWLA harmless for the nature, performance, and outcome of any such emergency



medical treatment and that the determination of whether an emergency has arisen shall be left to the sole discretion of Program administrators.

### **MEDICAL FEES**

By enrolling Student in the CWLA Program, Parents hereby agree to be fully and solely responsible for all fees and costs arising from any medical emergencies, conditions, or treatments including, but not limited to, the administration of emergency medical care for that Student.

### **PERSONAL PROPERTY**

CWLA assumes no liability for loss or damage of Student's personal property or for injury incurred as a result of use of personal property. CWLA assume no responsibility for money or valuables brought to the Program by Student.

### **EDUCATIONAL RECORDS**

By enrolling Student in the CWLA Program, Parents hereby authorize CWLA to have access to Student's educational records. Educational records are defined as records, directly related to a student, that are maintained by a school or by a party acting for the school, that personally identify a student, and that pertain to the student's school career. This includes Student's progress report, report card, Standardized test, disciplinary information, and/or other materials that document Student's activities, behavior, or progress in school. CWLA will use this information solely for purposes related to program evaluation.

\_\_\_\_\_  
Student's Printed Name

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

\_\_\_\_\_  
Date



**Community Works Program Agreement**

PROGRAM PARTICIPATION FOR AFTERSCHOOL: Because this program is underwritten by funds from 21<sup>st</sup> Century Community Learning Center, scholars enrolled should participate regularly.

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STUDENT PICK-UP: By enrolling scholar in the CWLA Program, Parents hereby understand that during afterschool programming parents **must** sign out their scholar each day. **Scholars must be picked up at 5:00pm.** Parents who are late picking up their scholar will be charged \$5 for the first ten minutes and \$1 per minute thereafter for every minute they are late (according the CWLA clock). If a parent is late three times, the scholar may be dropped from the program.

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**Your signature below verifies that you have read the above information carefully and agree to abide by all conditions of the Community Works of Louisiana Program Agreement.**

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**Signature of Parent or Guardian**

**Date**

**Scholars's Name :** \_\_\_\_\_ **Entering Grade:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_



**2017-2018 COMMUNITY WORKS REGISTRATION - SCHOLAR INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

**Check all that apply**

American Indian/Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_

Native Hawaiian/Pacific Islander \_\_\_\_\_

Black/African American \_\_\_\_\_

Hispanic/Latino \_\_\_\_\_

White \_\_\_\_\_

Special Needs: Yes \_\_\_\_\_ No \_\_\_\_\_ Unspecified \_\_\_\_\_

Limited English Proficiency: Yes \_\_\_\_\_ No \_\_\_\_\_ Unspecified \_\_\_\_\_

Free/Reduced Lunch: Yes \_\_\_\_\_ No \_\_\_\_\_ Unspecified \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

Number of family members in household: \_\_\_\_\_

Special Education: Yes \_\_\_\_\_ No \_\_\_\_\_ Unspecified \_\_\_\_\_

IEP: Yes \_\_\_\_\_ No \_\_\_\_\_ Unspecified \_\_\_\_\_

**Student Social Security Number or Student State ID#:**

\_\_\_\_\_ **\*\*\*REQUIRED\*\*\***

**FAMILY INFORMATION**

**Parent/Guardian (1):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City/state/zip \_\_\_\_\_

**Parent/Guardian (2):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_



**TRANSPORTATION/ PICK UP PERMISSIONS**

My child has permission to walk: Yes \_\_\_ No \_\_\_

**(1) Child May Be Picked Up By:**

May Pick Up Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Phone Number \_\_\_\_\_

**(2) Child May Be Picked Up By:**

May Pick Up Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Phone Number \_\_\_\_\_

**(3) Child May NOT Be Picked Up By (if applicable):**

May NOT Pick Up Name \_\_\_\_\_

Relation \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Primary Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Special Alerts/Restrictions \_\_\_\_\_

Allergies Yes \_\_\_ No \_\_\_

Medicine Yes \_\_\_ No \_\_\_

Special Alerts/Restrictions \_\_\_\_\_

Notes/Comments (That will help us better serve your student.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent or Guardian Below**

**Date**

\_\_\_\_\_