



# AFTER-SCHOOL ALL-STARS HAWAII REGISTRATION FORM 2019-2020

JARRETT ALL-STARS ★ 808.561.7851 ★ JARRETT@ASASHAWAII.ORG



## STUDENT INFORMATION

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

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

Ethnicity (**check all that apply**):  African American  Asian  Caucasian  Hispanic/Latino  
 Marshallese  Micronesian  Native American  Native Hawaiian  Other Pacific Islander

List any other ethnicities you identify with: \_\_\_\_\_

## FAMILY CONTACT INFORMATION

**Parent/Guardian 1** (*will be contacted 1<sup>st</sup> in the case of an emergency and will be added to our Emergency Call and Reminder System*)

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

PHONE—Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Parent/Guardian 2**

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

PHONE—Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

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 person listed below:

\_\_\_\_\_  
\_\_\_\_\_  
(Please request Student Pick Up Listing Form for any additional names)

**PLEASE NOTE IF YOU CHOOSE THE PICK UP OPTION, YOUR CHILD MUST BE PICKED UP PROMPTLY AT THE END OF PROGRAM**

## ATTENDANCE AT AFTER-SCHOOL ALL- STARS HAWAII PROGRAM—PLEASE INITIAL ALL POINTS BELOW

- I understand that attendance at ASAS programs is voluntary \_\_\_\_\_ Initial
- I understand that it is my child's responsibility to attend program \_\_\_\_\_ Initial

**AS AN ORGANIZATION DEDICATED TO MENTORING AND MOLDING THE CHARACTER OF YOUNG PEOPLE, WE PLACE A SPECIAL EMPHASIS ON SELF-RESPECT AND RESPECTING OTHERS. WE BELIEVE IT IS OF THE UTMOST IMPORTANCE THAT YOU AS PARENTS/GUARDIANS ARE AWARE OF THE DISCIPLINE POLICIES AND PROCEDURES THAT HELP MAINTAIN A CULTURE OF RESPECT AND INTERGRITY. YOU MAY OBTAIN A COPY OF THE ASAS DISCIPLINE POLICIES, BY REQUEST, FROM THE ASAS SITE COORDINATOR.**

- I understand and support ASAS procedures as they pertain to student behavior, safety and conduct \_\_\_\_\_ Initial

## AFTER-SCHOOL ALL-STARS HAWAII REGISTRATION FORM

**Parent liability/Parent authorization:**

In consideration of my minor/ward \_\_\_\_\_ (insert student 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 lessors 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:** \_\_\_\_\_ **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 there from.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 to be used solely for the purposes of After-School All-Stars Hawaii promotional material and publications, and waive any rights of compensation or ownership thereto.

**Parent/Guardian Signature:** \_\_\_\_\_ **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:** \_\_\_\_\_ **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 participate in surveys and participate in evaluations that will be used to determine program effectiveness or to promote the program. I understand that my child's and my answers to these surveys are strictly confidential.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_