# AFTER-SCHOOL ALL-STARS HAWAII REGISTRATION FORM 2020-21

KING ALL-STARS ★ 808.372.7683 ★ KING@ASASHAWAII.ORG

*Please email or drop off a copy of this completed form to the site coordinator to register your student.*
*You will receive a call or email to confirm that your student's registration has been received.*

## 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 — Please Provide 2 Different Contacts)

***Parent/Guardian 1*** *(will be contacted 1st 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 INFOMATION

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**

## BEHAVIOR AND ATTENDANCE POLICIES FOR PROGRAM — Initial and Acknowledge Below

**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
- I understand that attendance at ASAS programs is voluntary _____Initial
- I understand that it is my child's responsibility to attend program _____Initial

## AFTER-SCHOOL ALL-STARS HAWAII REGISTRATION FORM 2020-21 — Sign and Acknowledge Below

### 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 FORM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONISIBLITY 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, INDEMIFY 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 RELEASEEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABLITY 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:** _____

### Concussion Management Acknowledgement:

I understand that it is my responsibility to review and complete the Brain Space Training Course resources provided by the Hawaii Concussion Awareness Management Program (HCAMP) and recommended by After-School All-Stars Hawaii (ASAS). I agree to support After-School All-Stars Hawaii in holding strict standards with regard to concussion management as per the standards established in the Hawaii Concussion Law Act 262.

**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:** _____

Uniting Peer Learning, Integrating New Knowledge

Schedule 2, Attachment 1

# U P L I N K

## UNITING PEER LEARNING, INTEGRATING NEW KNOWLEDGE

### Registration, Release and Emergency Contact Information

## S T U D E N T  I N F O R M A T I O N

*Child's Last Name* | *Child's First Name* | *Middle Initial*

*Date of Birth* | *Email Address* | *Grade* | M / F *Sex(Circle One)*

King Intermediate School
*School*

**Mon Tues Weds Thurs Fri**
*Circle Days Attending*

## F A M I L Y  I N F O R M A T I O N

*Mother's / Legal Guardian's Name*

*Father's / Legal Guardian's Name*

*Mother's Legal Guardian Mailing Address*

*Father's Legal Guardian Mailing Address*

*City* | *Zip Code*

City | *Zip Code*

*Mother's/Legal Guardian's Email Address*

*Father's/Legal Guardian's Email Address*

*Mother's/ Legal Guardian's Phone Number*

*Father's/ Legal Guardian's Phone Number*

## E M E R G E N C Y  I N F O R M A T I O N

*Emergency Contact* | *Relationship* | *Phone Number*

## C O N S E N T  of  R E L E A S E

**How will your child go home from UPLINK ?**

**UPLINK Bus (if Available)**

**Car Pick-up**

**Walk**

**Other (specify below)**

*Parent's Signature* *Date*

*For Official Use Only*

Completed Registration Received Date

Received By

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

Revised August 2016

# AFTER-SCHOOL ALL-STARS HAWAII CONCUSSION MANAGEMENT

Aloha After-School All-Stars Hawaii (ASAS) Parents and Guardians,

In order to provide your student-athlete with the safest possible experience in our programs, ASAS practices strict adherence to concussion protocols. We see it as our duty to inform students/ parents/guardians of the risks associated with brain injuries as well as to provide information about an on-line training resource for you to stay informed about brain injuries, specifically concussions and the Hawaii Concussion Law.

## What is Hawaii Concussion Law?

### Hawaii Concussion Law ACT 262 includes:

- Education of parents, athletes, school staff and administrators and sport officials.
- Includes youth sports from 11 years old and above.
- Annual training of coaches.
- Mandatory immediate removal of the athlete when a concussion is suspected.
- Need for clearance to return to play by a licensed health care provider trained in concussion management.
- Return to learn and gradual return to play protocols.

We would like to take this opportunity to inform you about an information resource and strongly suggest you take the time to become knowledgeable about brain injuries and concussion protocols.

Please find below a link to the Hawaii Concussion Awareness Management Program educational course for parents. You will find this resource helpful in ensuring you and your student-athlete make informed decisions about staying safe in relation to concussion and potential brain injuries. On completion of the course you will receive a downloadable certificate.

***Brain Space Training Course for Parents:***

https://hawaiiconcussion.com/info?module=500.1&role=6