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

JARRETT ALL-STARS ★ 808.561.7851 ★ JARRETT@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

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* | *Sex(Circle One)*

Jarrett Middle School

School

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

After-School All-Stars Hawaii
Jarrett Middle School

COVID-19 POLICIES AND PROCEDURES ACKNOWLEDGEMENT – Initial and Acknowledge Below

I acknowledge that I have received, read, understand and agree to adhere to the After-School All-Stars Hawaii COVID-19 Policies and Procedures as outlined in the document provided. _____ **Initial**

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments, and federal and state health agencies recommend social distancing and other preventative measures.

After-School All-Stars Hawaii (ASAS) has put in place preventative measures to reduce the spread of COVID-19; however, ASAS cannot guarantee that you or your child(ren) will not become infected with COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and/or I may be exposed to, or infected by, COVID-19 by attending ASAS programs and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 in ASAS programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ASAS employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the ASAS program ("Claims"). On my behalf, and on behalf of my children, I hereby release, agree not to sue, to discharge and hold harmless ASAS, its employees, agents and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions or negligence of the ASAS, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after participation in any ASAS program.

Student Name:_____ **Grade:** _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

ASAS Hawaii Virtual Code of Conduct

Contact Jo-ellie Antonio for access to the Jarrett All-Stars Virtual Programs

jarrett@asashawaii.org or (808) 561-7851

After-School All-Stars Hawaii (ASAS) will be offering virtual programming that is available to all students registered with ASAS. It is important that our students feel welcome and safe online. The virtual code of conduct is intended to help everyone feel comfortable and safe. We require all our youth participants and their parent/guardian to agree to follow this code of conduct in addition to expectations outlined in the ASAS Hawaii Discipline policy.

1. Appropriate Video Call Etiquette:
   - When registering/signing-in for any video call or meeting, please use the Google account provided by your school. In the event that your school does not utilize Google programs/products, please use your First and Last Name (not a random username). This helps us to ensure the privacy of our meetings.
   - Please find a quiet area, and log-in at the scheduled time, so you can be fully present. We ask that all participants have their camera and mic function on so that we can see and hear you.
   - Please do your best to keep background noise or distractions to a minimum.
   - Please do not take your phone or computer to the bathroom.
   - Taking photos and/or videos of others, without their expressed consent, is strictly prohibited.
   - Students participating in live video calls/Google Meet sessions must have submitted a completed registration form for ASAS Hawaii, in addition to a signed Virtual Code of Conduct.

2. Appropriate attire must be worn at all times. Clothing with vulgar language, obscene gestures, racial slurs or anything that contributes to a hostile environment or would be considered inappropriate at school is not allowed. Appropriate tops and bottoms should be worn.

3. Vulgar language, including swearing, name-calling or shouting/yelling at others is prohibited. When communicating in the chat box, please do not send links or information that is inappropriate.

4. We strive to create a safe emotional and physical space. We encourage participants to honor diversity in all ways and respect opinions or perspectives. ASAS Hawaii stands up against all forms of bullying, abuse, discrimination and racism.

5. Any witnessed or reported inappropriate, threatening or offensive conduct will be investigated/evaluated by the Site Coordinator and appropriate consequences will result.

6. The use of alcohol, tobacco and/or drugs (including e-cigs/ tobacco-like products) is not permitted during virtual calls. Participants that show, obtain, display in the background, make references to or use the abovementioned products during the virtual calls will be removed from the meeting and removed from future virtual and in-person events. Law enforcement may be called if appropriate.

Students that do not abide by this code of conduct may be prohibited from participating in future virtual events or in person activities. Students or parents should let the Site Coordinator know it they witness or become aware of offensive behavior or other issues that are in violation of this code of conduct.

If you violate this code of conduct, consequences can include termination of program participation and the involvement of appropriate legal authority. After-School All-Stars Hawaii reserves the right to make situational decisions based on our policies and mission.

All student participants, along with their parent/guardian, must agree to this code of conduct prior to participating in any virtual ASAS programming.

Student Name: _____ **Grade:** _____

Student Email Address Provided by School: _____

ASAS will send an invitation to the created Google Classroom to this email address.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

After-School All-Stars Hawaii

Jarrett Middle School

COVID-19 Policies and Procedures

Aloha Jarrett After-School All-Stars Hawaii (ASAS) Student Families,

We are excited to welcome your student to our program. In an effort to prevent the spread of COVID-19 we are adopting policies and procedures to ensure all students/staff remain safe and healthy. After-School All-Stars Hawaii (ASAS) will be following standards, policies and procedures informed by the DOE, DOH and CDC.

- **Daily Procedures**
  - ALL STAFF, STUDENTS AND VISITORS ARE REQUIRED TO WEAR A MASK IN INDOOR AND OUTDOOR SETTINGS.
    - Students/families are required to provide their own masks. Important note: Face shields are an added layer of protection which can be worn in addition to a mask, but not as an alternative.
    - Exceptions - Medical Reasons (Doctors Note Required).
  - All ASAS staff members and students will be screened daily for temperature and symptoms.
    - Any student who has a temperature higher than (100.4°) or has flu-like symptoms, upon check-in, will be isolated in a low traffic area. Parents will be contacted and the student will be sent home, or parents will be required to pick them up, depending on the instructions provided on their registration forms. The school administration will be informed about any student sent home.
  - Students will report directly to their designated after-school class at the end of the school day and adhere to social distancing guidelines as per markings laid out on the floor. Staff will provide guidance.
  - Students will be allocated separate indoor/outdoor learning spaces and will be assigned to one group of students. Students will remain in this group for the duration of program. Group size will be determined according to appropriate safety guidelines, for social distancing, and the square footage of the specific indoor/outdoor learning spaces.
  - Each staff member and student will wash their hands as frequently as possible (utilizing sanitizer as a secondary option) and at minimum during the following occurrences:
    - Before entering any program space
    - Before and after consuming food and beverages
    - Before and after using the restroom

- **Visitors**
  - All visitors must report to ASAS office and wait outside for the Site Coordinator to meet them. Call the Site Coordinator at (808) 561-7851.

- **Illness During Program**
  - Should a staff member or student display symptoms during program, they will be immediately isolated in a low traffic area. Parents will be contacted and the student will be sent home, or parents will be required to pick them up, depending on the instructions provided on their registration forms.
  - Areas where the symptomatic staff or student(s) were located will be thoroughly cleaned and sanitized
  - ASAS will inform the school administration of any staff or student(s) who were sent home due to displaying any symptoms.

- **Social Distancing**
  - Students will be assigned one desk/table, all desks will be separate by at least six feet.
  - Physical activities will be offered; however, students will be required to maintain 6 feet distance from each other. No physical activity/sport that requires close contact or the passing of equipment (without disinfecting said equipment) will be permitted.

- **Cleaning Procedures**
    - Each program space will be equipped with the following:
        - Hand Sanitizer
        - Disinfecting wipes and spray
        - Gloves
        - Paper Towels
        - First-Aid Kit
    - At the end of the day, under supervision, students will be responsible to wipe down their own desk/table and chairs.
    - All door handles, light switches, whiteboards and common supplies will be wiped after the conclusion of each lesson.
    - Bathroom:
        - Only one student will be permitted to use the bathroom at a time.
        - A staff member will disinfect the bathrooms at hourly intervals.
    - All sinks and bathrooms will be thoroughly cleaned and disinfected at the end of each day.

- **Snacks**
    - All snacks will be pre-packed in individual serving sizes.
    - Snacks:
        - Each student will have the opportunity to receive a free snack once per day.
        - ONLY STAFF will be allowed to distribute snacks to students.

Our highest priority is the health and safety of your student. We thank you for trusting us with your student and are excited to have them in program. In the event in-person classes are not available, daily virtual afterschool programming will be provided. In addition, all families who choose to avail of distance learning can access virtual afterschool programming every school day.

If you have any further questions or concerns, please contact Site Coordinator Jo-ellie Antonio at (808) 561-7851 or jarrett@asashawaii.org

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