

The City of
Yucaipa

2017-2018



“S.T.A.R.S.”

BEFORE & AFTER SCHOOL

ENROLLMENT FORM 2017/2018



YUCAIPA "S.T.A.R.S." BEFORE & AFTER SCHOOL ENROLLMENT FORM 2017-2018

PARTICIPANT INFORMATION

Student's (FULL LEGAL) Name: _____ Male Female
Last First

Home Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ School: _____ Current Grade: _____

Mother/Guardian(s) Name: _____
Last First

Email: _____

Cell Number: _____ Alt. Number: _____

Father/Guardian(s) Name: _____
Last First

Email: _____

Cell Number: _____ Alt. Number: _____

Custody Information:

Is there a separation, divorce or custody concern of which our staff should be aware? Custody Agreement: YES NO

If yes, please provide a copy of the CERTIFIED agreement to STAFF.

EMERGENCY CONTACT

1. Name: _____ Relationship: _____
Cell Number: _____ Alt. Number: _____

2. Name: _____ Relationship: _____
Cell Number: _____ Alt. Number: _____

3. Name: _____ Relationship: _____
Cell Number: _____ Alt. Number: _____



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TRANSPORTATION

Please list the names of the persons authorized to pick up your student from the program. Must be 18 YEARS OF AGE and present VALID ID EVERY DAY.

1. Name: _____ Relationship: **Parent/Guardian**
 Cell Number: _____ Alt. Number: _____

2. Name: _____ Relationship: **Parent/Guardian**
 Cell Number: _____ Alt. Number: _____

3. Name: _____ Relationship: _____
 Cell Number: _____ Alt. Number: _____

4. Name: _____ Relationship: _____
 Cell Number: _____ Alt. Number: _____

5. Name: _____ Relationship: _____
 Cell Number: _____ Alt. Number: _____

6. Name: _____ Relationship: _____
 Cell Number: _____ Alt. Number: _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION

Special Needs: YES NO If yes, please explain: _____

Doctor's Name: _____ Hospital: _____ Contact Number: _____

Existing Medical Conditions or Allergies: _____



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Non-Discrimination Policy: The City of Yucaipa and Yucaipa-Calimesa Joint Unified School District prohibits unlawful discrimination in its programs, activities, and practices based on actual or perceived race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; or on the basis of a person’s association with a person or group with one or more of these actual or perceived characteristics.

LIABILITY WAIVER

City of Yucaipa release of medical, liability and assumption of risk

Student’s (FULL LEGAL) Name: _____

I, _____ on behalf of myself or _____ my minor(s), hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heir or other successors as a result of my participation in any activity, or activities incidental there to (hereafter referred to as the “activity”) sponsored by the City of Yucaipa. This is intended to release and hold harmless the City of Yucaipa and its elected officials, officers, employees, contractors and agents. I understand that I must be in good health prior to participation in the activity. I understand that serious accidents occasionally occur to students during such an activity, transportation to or from such and activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree to under no circumstances will I, or any of my heirs or successors present any claims or action against the City of Yucaipa. I also agree to be photographed, and or agree to have my student photographed, and release the use of the photographs for publicity of the City of Yucaipa publications and other public information material.

By signing below, I hereby represent that I understand and am familiar with the nature of the activities in which I (or my student) will participate in this recreation program. I personally read and understand this release. I give consent to The City of Yucaipa S.T.A.R.S. Before/After School Program to collect assessment data. I do hereby give permission for any certified professional or health care professional to administer any type of treatment he/she deems necessary to the above student in case of any emergency and in the case that I cannot be contacted.

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

Yucaipa-Calimesa release of medical, liability and assumption of risk YUCAIPA-CALIMESA JOINT UNIFIED SCHOOL DISTRICT

RELEASE OF MEDICAL, LIABILITY AND ASSUMPTION OF RISK

I, _____ on behalf of myself or _____ my minor child, hereby waive and release from liability the Yucaipa-Calimesa Unified School District, its directors, officers, employees, and agents (referred to as “releases”) from all liability for any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heir or other successors as a result of my participation in any activity, or activities incidental there to (hereafter referred to as the “activity”) related to the after school program. I understand that serious accidents occasionally occur to students during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing there risks, I expressly assume full responsibility for and risk of bodily injury, death or property damage to me or my student due to the negligence of releases, or otherwise while in the premises of the Yucaipa-Calimesa Unified School District, and/or while using the premises of any facilities or equipment on such premises, or participating in the S.T.A.R.S. program.

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