

Student Name: _____

Team Up Site: _____

PLEASE SIGN ATTACHED WAIVERS

(Application is not considered complete unless signed below to indicate agreement with all waivers.)

General Release of Liability:

In consideration of being allowed to participate in any way in the After School Program and related events and activities, the undersigned agrees to the following: I acknowledge and fully understand that each participant will be engaging in activities that may involve risk or serious injury; including permanent disability and severe social and economic losses, which might result not only from their actions, inactions or negligence but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time. To my knowledge, my daughter/son is physically fit to engage in the activity in question. I understand that the Duval County School Board, the Kids Hope Alliance, and the selected community-based organization and their employees and agents will exercise reasonable care while my daughter/son is in their custody and care, engaging in activities through the After School Program. I agree to hold the Duval County School Board, the Kids Hope Alliance and the selected community-based organization and its employees and agents harmless from any and all liability, which may arise while exercising their duty of care, relating to my daughter/son for personal injury or illness that may be suffered or any loss of property that may occur to my daughter/son while participating in the KHA Team Up After School Program.

Authorization for Emergency Care:

In case of accident or serious illness, and the school/program is unable to reach me, I hereby authorize the school/program to contact the physician indicated on the application and to follow his/her instructions: If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child. In case of an accident/serious illness where the immediate treatment of my child is not necessary, but he/she is unable to remain at school, the school/program will contact me or arrange transportation for my child. If the school/program is unable to reach me, I authorize the school/program to contact one of the persons indicated on the enrollment form and ask them to pick up and transport my child home.

Administration of Medication & Medical Release Statement:

A policy has been established in Duval County to govern the administration of medicine to students in public schools. The policy states that before medicine can be administered in the school, a statement from the physician concerning the medicine must be on file at the school. Directions taken from the prescription bottle or box will not suffice. Only a written statement from the physician is acceptable. I waive any claims or liability that may arise against any school/program personnel relative to the administration of medication of my child.

Photo/Media Release:

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. As a participant in the After School Program and events, I consent and permit my child to be photographed, videotaped, and/or interviewed for publicity activities. Yes, No

Parent or Guardian's Signature

Date

Survey Release Statement

I give permission from my child to respond to surveys about participation in the after-school or summer camp program(s) that are conducted by agencies including the Kids' Hope Alliance, affiliated community agencies, and the Florida Institute of Education at the University of North Florida.

The parent/guardian is responsible for transporting the youth to and from camp. Elementary- age participants must be picked up by an authorized individual 18+ and must be able to show identification. Students must be picked at the designated camp end time. Failure to comply may result in the camper being removed from the camp.

Does your child have health insurance? Yes No

____ Yes, I would you like someone from the Kids Hope Alliance/Cover Jacksonville to contact me with more information about Florida KidCare coverage for children under 19

____ No, I do not want to be contacted with Florida KidCare coverage information.

Child's Name

Parent or Guardian Name

Date

