<table>
<thead>
<tr>
<th>Program Dismissal: (Please circle all that apply)</th>
<th>Walk</th>
<th>Pick Up</th>
<th>Bus, if available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Early Release Policy: ER-1: Attending a collaborative program (on- or off-site); ER-2: Transportation needs (bus rider, restricted transportation); ER-3: Safety concerns (time change, weather conditions); ER-4: Family obligation (custodial issues, family emergencies); ER-5: Medical/Dental appointments; ER-6: Sent home (injury/illness/behavior issues); ER-7: Other conditions prescribed by the school and/or School Board (emergency or disaster situations) this code ONLY applies to reasons when Program is closed by the School or District Administration. ER-8: ELOP, for use by staff. Parent/Guardian Initials</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Permission to photograph:** Occasionally, ProYouth activities may be photographed, video and/or audio recorded for educational, publicity, or fundraising purposes. Please indicate if you give permission for your student and/or yourself to appear in videos or audio recordings without compensation (e.g., as part of brochures or program websites).

- [ ] Yes, I give permission
- [ ] No, I do not give permission

ProYouth is an equal opportunity provider.
I agree to the following: my student will be provided access to ProYouth's technology resources and will have supervised access to the internet. I allow my student's generated projects or work to be published by ProYouth. I will be held financially responsible for any and all damage to the technology resources that are caused by the student named above. Any misuse of technology resources by the named student will result in immediate withdrawal of any and all access privileges and may result in other disciplinary actions.

PARTICIPATION WAIVER AND RELEASE

ProYouth requests the following information in order to be in compliance with insurance regulations. _________________ has my permission to participate in the ProYouth Program and all ProYouth sponsored activities, including all sports and physical education activities that may be offered as a component of ProYouth. I understand and acknowledge that participation in sports and physical educational activities poses risks to my student, including the risk of strains, sprains, broken bones, and serious injury or death.

I hereby certify that the minor is my child and that their date of birth is ___________ and I do hereby certify that, to the best of my knowledge and belief, said minor is in good health. In the event that I, or other parent/guardian or emergency contacts, cannot be reached in an emergency, I hereby give permission to the staff to secure proper treatment for my student. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, dental diagnosis or treatment, and hospital care are considered necessary in the best judgment of the attending medical professional and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. ProYouth is not liable for any expenses incurred as a result of any injuries.

I, as the parent/guardian of the minor, do hereby, for my student, myself, my heirs, executors, and administrators, release and forever discharge and hold harmless the ProYouth Program and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions, or causes of action which, in any way, arise from the minor’s participation and/or my participation in activities.

MEDICAL INFORMATION

I hereby advise that the above-named minor has the following allergies, reactions to medicine, or unusual physical conditions which should be made known to a treating physician. I acknowledge that only day school staff, and not ProYouth staff, can administer medications to my child.

Known allergies: ____________________________________________________________________________________________

Medications and schedule: __________________________________________________________________________________

Does your student have any special needs, or an IEP or 504 Plan? Please provide any information that the Program should know: ______________________________________

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

This form authorizes ProYouth to receive and use your student's individually identifiable health information, as set forth below, consistent with federal laws (including HIPAA) concerning the privacy of such information. This information will enable us to support the needs of your student. Please complete.

Student/Patient Name: __________________________ Date of Birth: __________________________

I, the undersigned, do hereby authorize the school district marked below to share health information from the above-named student’s medical record with ProYouth. I, the undersigned, do hereby authorize ProYouth to share health information from the above-named student’s record with the school district marked below.

Visalia Unified School District, 5000 W. Cypress Ave, Visalia, CA 93277
Strathmore Union Elem. School District, 19811 Orange Belt Dr., Strathmore, CA 93267
Oak Valley Union Elementary School District 24500 Rd. 68, Tulare, CA 93274
Woodville Union School District, 16541 Rd. 168, Porterville, CA 93257
Exeter Unified School District, 134 S. “E” St. Exeter, CA 93221
King City Union School District, 104 S. Vanderhurst Ave., King City, CA 93930

Requested information shall be limited to the following all minimum necessary health information.

DURATION: This authorization shall become effective immediately and shall remain in effect until June 30, 2024. Any changes to this release must be submitted to the ProYouth Site Director in writing.

For additional information, contact the ProYouth Administrative Office:
505 North Court Street, Visalia, CA 93291
Office: 559-374-2030 Fax: 559-741-4886

Parent/Guardian Printed Name: __________________________ Signature: __________________________

I understand that reasonable measures will be taken to safeguard the health and safety of all participants engaged in all afterschool expanded learning program activities. I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize transportation to a medical facility at my expense to provide whatever emergency medical treatment is necessary. I understand that the School District and the ProYouth Program do not carry medical or dental insurance for children injured on the school premises or in ProYouth-related activities.

I acknowledge that I have carefully read this document in its entirety and understand the information herein. A copy will be made available to me upon my request.

I verify that the information contained in this registration form is complete and accurate. By signing below, I authorize and give consent for my student to participate in the ProYouth Expanded Learning Program. I have read and understand the conditions of my student’s participation as described in the Participation Waiver and Release herein. I agree to each of the terms and acknowledgements herein and permit my student to participate in the ProYouth Program and all sponsored activities.

Date: __________________________ Parent/Guardian Name (Print): __________________________ Signature: __________________________

A NEW ENROLLMENT FORM MUST BE COMPLETED EACH SCHOOL YEAR FOR EACH STUDENT.