



# proyouth

## PROYOUTH COMPUTER AND INTERNET POLICY AGREEMENT

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: \_\_\_\_\_  
Any other concerns ProYouth should be made aware of: \_\_\_\_\_

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, 2019. 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.**

