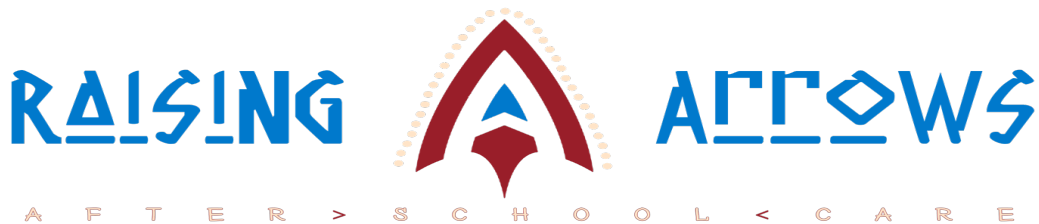




2019 JHA AFTER-SCHOOL APPLICATION



After-School Program Application

Dear Parent(s)/Guardian and Student:

Thank you for your interest in the Raising Arrows After-School Program. Please fill out this application form completely.

Student's Name (Last, First, M.I.): _____

Student's D.O.B: ____/____/____

Gender: ☐ Male ☐ Female Grade: _____ School: _____

List the family members your child lives with—include names and ages of siblings:

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Home Email: _____ Driver's License Number/State: _____

Employer: _____ Employee's Address: _____

Work Phone: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

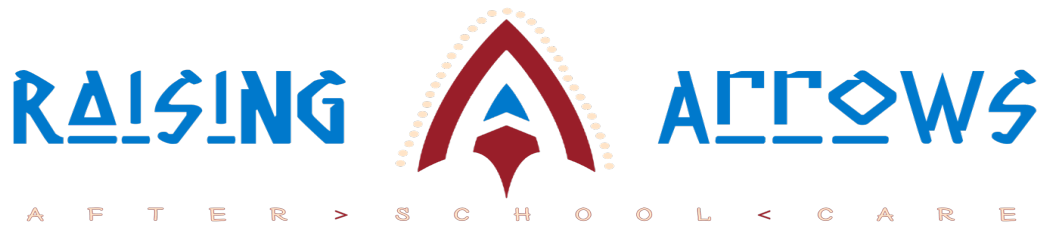
Home Address: _____

Home Email: _____ Driver's License Number/State: _____

Employer: _____ Employee's Address: _____

Work Phone: _____ Work Hours: _____

Parent/Guardian Signature: _____ Date: _____



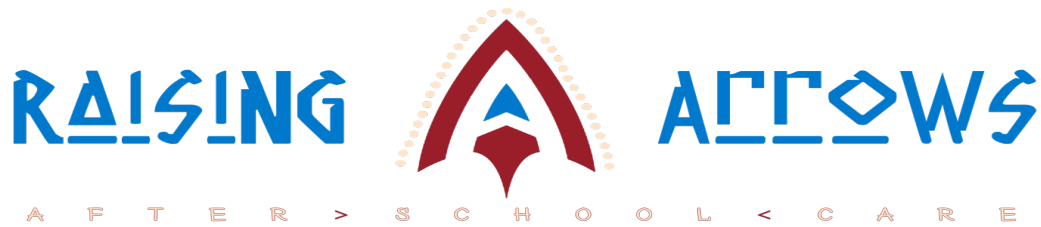
Proof of Residency | Payment

Jasper Housing Authority Residents

For our records and proof of residency, we are needing a copy of your power bill with your name, date, and current address. All forms will be reviewed by Raising Arrows Administration and Jasper Housing Authority. Applications will not be approved unless we have proof of residency.

Payment

When proof of residency is confirmed your student will be given a scholarship from the Jasper Housing Authority for their participation in the Raising Arrows After-School Program.



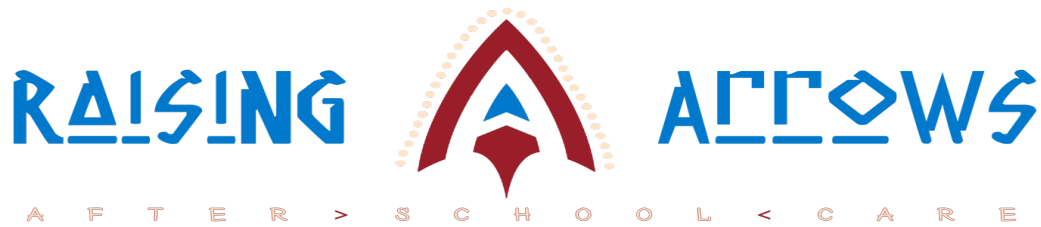
Emergency Contacts:

Please list in order of preference individuals we may contact in the event of an emergency.

1. Name _____
Phone: _____
Address: _____
Relation to Child: _____

2. Name _____
Phone: _____
Address: _____
Relation to Child: _____

Parent/Guardian Signature: _____ Date: _____



Student Behavioral Expectation Contract

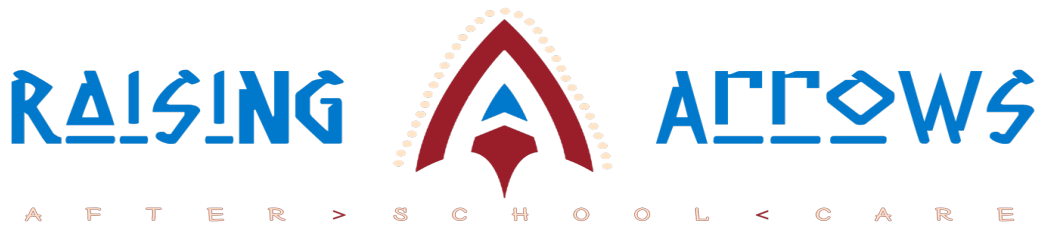
1. I will be careful with other people's feelings. I will not tease, insult, threaten, or call anyone an unkind name.
2. I will tell the truth.
3. I will be careful with other people's bodies. I will not hit, bite or fight.
4. I will be careful with other people's things. I will not steal, break or damage property.
5. I will be careful with Jasper Housing Authority and Raising Arrows property. I will not destroy or write on tables, desks or walls.
6. I will use appropriate language.
7. I will respect other people's conversations. I will not interrupt when people are talking.
8. I will not leave the building without permission.
9. I will adhere to all guidelines and expectations set by Raising Arrows Staff and Leaders.

Possible consequences of inappropriate Behavior

- Solve the problem that you created
- Write an apology letter
- Lose privileges
- Inappropriate items may be confiscated
- Raising Arrows will set up a meeting with a parent/guardian
- Suspension from the program

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Student Transportation Release Form

Student Name: _____

My student will arrive at the program by:

- ☐ Raising Arrows School Bus
☐ City of Jasper School Bus
☐ Authorized Adult

My student will depart from the program by:

- ☐ Walking Home - *Only students in the Petree Mathews Apartments will be allowed to walk home.
☐ Authorized Adult

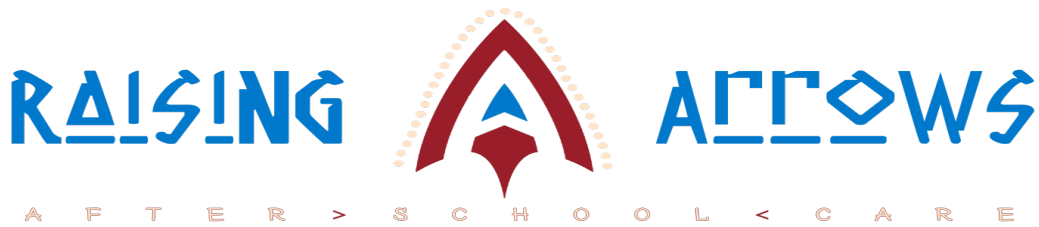
* All students will need to be picked up from the Jasper Housing Authority by 5:30p.

After-School Transportation

This form acknowledges that my student may be picked up and ride the **Raising Arrows School Bus** from Memorial Park Elementary, T.R. Simons Elementary, Maddox Middle School, and Jasper High School to the Jasper Housing Authority located at 1005 Hwy. 69, Jasper, AL 35501.

If and when the behavior of my student becomes too distracting for the others students or the driver of the bus, I acknowledge that he/she will be asked to find other transportation to the program.

Parent/Guardian Signature: _____ Date: _____



Raising Arrows School Bus Transportation Agreement

Date: _____

School: _____

Grade/Teacher: _____

Student Name: _____

Home Address: _____

Parent/Guardian: _____

Parent Cell Phone: _____

Emergency Contact Name: _____

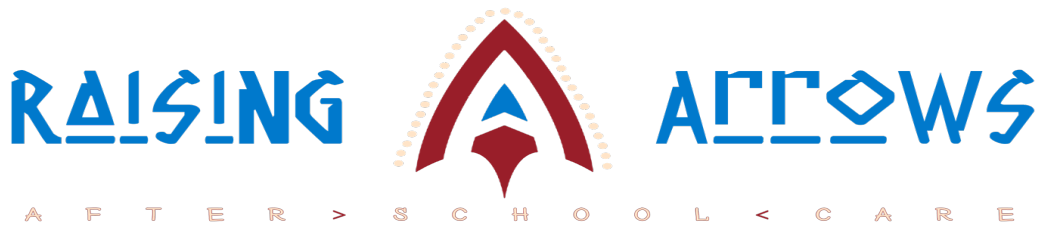
Emergency Contact Cell Phone: _____

Current Bus Rider? ____ Yes ____ No

If so, please provide color/dot: _____

I, _____ give permission for my child/children to be released to the Raising Arrows After-School Program. I understand that transportation to this program is solely the responsibility of Raising Arrows and I will hold harmless the Jasper City Board of Education for any issues or conflicts arising from this service. I also understand that if my child misses the appointed transportation, I will need to make arrangements for my child/children to be picked up from school.

Parent/Guardian Signature: _____ Date: _____



Pick-Up Approval List

I give permission for the following people to pick up my child from Raising Arrows in an emergency or when I notify the program.

1. Name: _____ Relationship to child: _____

Phone: _____

2. Name: _____ Relationship to child: _____

Phone: _____

3. Name: _____ Relationship to child: _____

Phone: _____

4. Name: _____ Relationship to child: _____

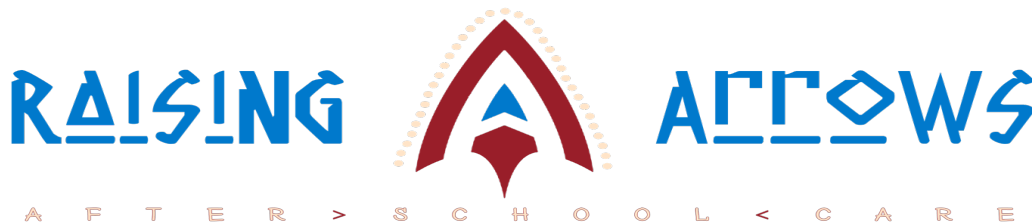
Phone: _____

5. Name: _____ Relationship to child: _____

Phone: _____

In consideration of the opportunity for my child to participate and fully recognizing that such as undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to NOT hold Raising Arrows and the Jasper Housing Authority, nor any of said persons shall be held financial responsible for any injury, illness or death as a direct or indirect result of this activity. **WE, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS AND EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

Parent/Guardian Signature: _____ Date: _____



Raising Arrows Liability and Release

Name of Attendee: _____ Age _____ D.O.B. _____

WAIVER OF LIABILITY AND RELEASE

In consideration for the Attendee being permitted to participate in the _____,

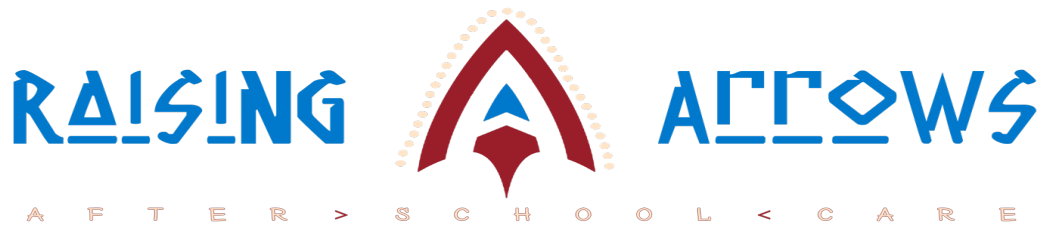
I do hereby, and on behalf of Attendee, Attendee's heirs, personal representatives or assigns, waive and release forever, any and all rights for claims and/or damages Attendee may have against the staff, employees, agents, and volunteers, of **Raising Arrows**, and its board, officers, agents, and employees (collectively "Staff"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature, which Attendee may have or may hereafter accrue to Attendee, arising out of or related to, including, but not limited to, Attendee's participation including ANY loss, damage, or personal injury that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of any volunteer, Staff, or leader, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activities or any adjunct event activities are being conducted. I do hereby, and on behalf of Attendee, intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

ASSUMPTION OF RISK

I do hereby, and on behalf of Attendee, accept, understand and assume that participation carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I do hereby, and on behalf of Attendee, accept, understand and assume that the event carries with it inherent risks due to the physical nature of the activities which include, but are not limited to physical drills and activities related to participating in an exercise program. I do hereby, and on behalf of Attendee, accept, understand and assume that these risks include minor injuries such as scratches, bruises, sprains, more serious injuries, including possible permanent physical and/or mental damage, heart attacks, concussions, and even paralysis or death. I do hereby, and on behalf of Attendee, agree that Attendee has agreed to follow all instructions of event staff, and to wear all necessary, recommended, and appropriate protective gear and equipment during the course of the event.

INDEMNITY AND HOLD HARMLESS AGREEMENT

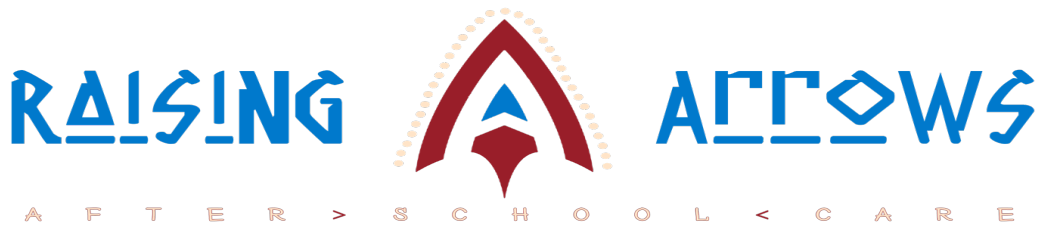
I do hereby, and on behalf of Attendee, agree to indemnify and hold staff, leaders, and volunteers harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, liabilities, and any attorneys' fees brought as a result of Attendee's involvement in said event, and I agree to reimburse the staff, volunteers and leaders for any such expenses incurred by them.



CERTIFICATION OF PARENT OR LEGAL GUARDIAN

I certify that I am the parent or legal guardian of the child Attendee listed above. I acknowledge I have carefully read the full contents of this “Waiver of Liability, Release, Assumption of Risk, Indemnity and Hold Harmless Agreement,” that I fully understand its contents, and have signed below on my behalf and also on behalf of Attendee, of my own free will.

Parent/Guardian Signature: _____ Date: _____



Raising Arrows Medical Consent Form

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

INFORMATION FOR MEDICAL TREATMENT

Physician's Name and Location of Practice:

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____

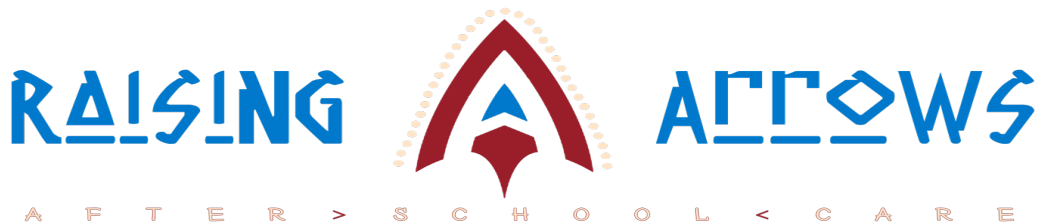
Policy #: _____

Allergies to Medications: _____ Allergies (Other):

_____ Please note all conditions for which the
child is currently receiving treatment: _____

Note any other significant medical information:

Parent/Guardian Signature: _____ Date: _____



Medication Administration & Consent Form

***Please ignore this page if your student doesn't take any regular medication. ***

To Be Completed by Parent or Guardian

Name of Student: _____ Grade: _____

Name of Medication: _____

Dosage (amount to be giving at After-School):

Reason for Medication: _____

Times (to be taken at RA Program): _____

Date Beginning Medication: _____

Date Ending Medication: _____

Expiration of Medication: _____

Parent Contact Number(s): _____

Parent/Guardian Permissions:

I am the parent/guardian of _____. I give my permission and request that designated school personnel administer the above medication at the times and date indicated above. I agree to furnish prescription medication in the original container with the label intact. I agree to furnish nonprescription (over the counter) medication in the original unopened container. I understand and accept that Raising Arrows, its employees, agents, or designees are not responsible for any effect of the medication administered. ***Medications may not be sent in w/student***

Parent/Guardian Signature: _____ Date: _____

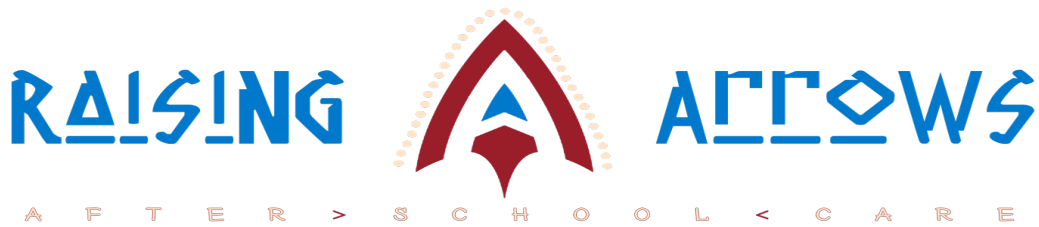


Photo & Video Release Form

I affirm that photographs and video may be taken of me and/or the undersigned minor child.

I hereby authorize Raising Arrows to use any such photographs or videos containing my image or likeness and/or the undersigned minor child's image or likeness, and our names, for promotional or marketing needs, including but not limited to printed material, videos, and websites.

I release Raising Arrows from any expectation of confidentiality for the undersigned minor child and myself. I attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Raising Arrows to use such photographs, videos and names.

I acknowledge that since participation in publications and websites produced by Raising Arrows is voluntary, neither the minor child nor I will receive financial compensation.

I further agree that participation in any publication and website produced by Raising Arrows confers no rights of ownership whatsoever. I release Raising Arrows, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor child.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____