



Promise South Salt Lake Summer Programs 2019 Youth Application

Student's Name (First, Last)				Guardian/Parent	Gender	Phone Number	Text?
Student's Preferred Name (if different)							
Date of Birth	Student 9#	Age	Gender	Other persons authorized to pick up your child from programs: <small>*All individuals picking up children will be asked for proper identification.*</small>			
School		Grade Next Year		Name	Relationship to Child	Phone Number	
Home Address			Apt#				
Siblings and Grades							
Guardian Email Address				Language(s) Spoken at Home			
				Country of Origin			

Medical Information	Yes/No	If yes, please specify
Allergies		
Dietary Needs		
Medications		
IEP or 504		
Other medical needs or information we need to be aware of:		

Please mark all that apply. This information is voluntary, you are not obligated to disclose.	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian/Asian American	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black/African/African American	
<input type="checkbox"/> Latino/a	My child receives
<input type="checkbox"/> Pacific Islander	Free or Reduced
<input type="checkbox"/> White/Caucasian	lunch.
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Yes
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No

Please select the program or programs you are interested in enrolling.	
<i>___ Help me choose the location nearest to my home!</i>	
Morning <input type="checkbox"/> Granite Park Jr. High (3031 S. 200 E. jr. high only) <input type="checkbox"/> Utah International Charter School (350 E. Baird Cir. teen only) <input type="checkbox"/> Lincoln Elementary (3700 S. 450 E. elementary only) <input type="checkbox"/> Moss Elementary (4399 S. 550 E. elementary only/June only) <input type="checkbox"/> Bud Bailey Apartments (3970 S. Main Street, elementary only/July only)	Afternoon <input type="checkbox"/> Historic Scott School (3280 S. 500 E.) Evening <input type="checkbox"/> Commonwealth Center (2505 S. State Street, teen only) Full Day <input type="checkbox"/> Columbus Center (2531 S. 400 E.) <input type="checkbox"/> Central Park (2797 S. 200 E.) <input type="checkbox"/> Meadowbrook STEM Center (3900 S. 250 W.)
Specialty Programs	
<input type="checkbox"/> Refugee Summer Camp at GTI	<input type="checkbox"/> PAL Boxing
<input type="checkbox"/> Cottonwood Credit Recovery	<input type="checkbox"/> Soccer Team Registration - Shirt Size _____ Shoe Size _____

If you agree to the following statements, please initial/check

_____ **Media:** I give permission for my child to be interviewed, surveyed, photographed, or videotaped during Promise South Salt Lake activities, all of which could be used for program evaluation, promotional publication, or educational purposes.

_____ **Field Trips:** I give permission for my child to participate in program Field Trips.

_____ **Walk Home:** I give permission for my child to walk home from their Summer Program location/locations.

_____ **Library Card:** I give permission for Promise South Salt Lake to obtain a Salt Lake County Library Student Card for my child.

Early Childhood Referral: Do you have any children who are 0-4 years old? Y / N

If yes, may we share your contact information with our early learning partners? Y / N

Liability/Medical Release and Permission to Participate

In consideration of the acceptance of my application/request to participate in the Promise South Salt Lake Programs, I do hereby waive, release, and discharge any and all claims for damages of death, personal injury, or property damage which myself and/or my child/children may have, or which may hereafter accrue as a result of participation in said programs. It is understood that some programs/activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the forgoing liability release, and sign it voluntarily. I hereby give the Promise South Salt Lake the right to render aid and to apply emergency medical treatment to myself and/or my child/children in the event of an accident or injury, as they deem necessary. Additionally, in case of emergency or serious illness, when I cannot be reached immediately, I hereby authorize Promise South Salt Lake to obtain emergency medical care and/or provide medical transportation. I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment.

_____ Guardian/Parent Signature

_____ Date