

AHAS SUMMER PROGRAM & YEAR-ROUND EVENTS

ENROLLMENT FORMS

Completed Form Required for Enrollment

Parent/guardian name: *Please print clearly* _____

Address: _____ City: _____

State: _____ Zip code: _____ E-mail: _____

Home phone: _____ Cell: _____

Student name	Grade	Date of birth	School
		/ /	
		/ /	
		/ /	
		/ /	

With my signature, I acknowledge receipt of the following information.

- Open enrollment is on a first come first serve basis and will close when the session is full. Extra names will be placed on a waiting list.
- AHAS staff may dismiss any student who does not conform with all reasonable standards of conduct as determined by AHAS staff during student’s participation in AHAS. Students who do not participate, who leave the premises without parental/AHAS staff permission, or who do not follow AHAS and other rules and requests that the student act reasonably and abide by reasonable directions of AHAS staff may not be allowed to continue in the AHAS program.
- Parent/guardian agrees to meet the student at the appointed time and place at the end of the session and understands that late arrival may result in the child not being allowed to continue in the program.
- AHAS may use photographs of my child while engaged in educational activities in AHAS video, website, facebook and promotional publications. YES NO
- In a medical or other emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, AHAS, its employees and agents have full authority to seek such medical treatment or other remedy as is deemed necessary.

I want AHAS to be aware of the following needs (please include allergies). Academic information such as report cards or Individual Educational Plans are welcome and can be attached:

DATED THIS ____ DAY of _____, 2016.

WASHINGTON STATE UNIVERSITY (WSU)
At Home At School ACTIVITIES
For Parents or Guardians of Participants Under 18 Years of Age

ASSUMPTION OF RISK

I understand that there are risks in participating in recreational activities and educational workshops, both in classrooms and in outdoor settings at the At Home At School activities at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in the At Home at School activities including including touring campus laboratories, participating in activities in the Recreation Center, classroom based learning events, nature walks, field trips, etc., include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the At Home At School activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS ____ DAY of _____, 200 ____.

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____

Witness's Name (Printed)

Witness's Signature

AHAS
2016
EMERGENCY AND MEDICAL INFORMATION

Please provide at least one emergency contact:

1. Emergency contact authorized to pickup student in case of emergency:

Name: *(print)* _____ Relationship _____

Address: _____

Phone:# _____ Cell: _____

2. Alternate emergency contact:

Name: *(print)* _____ Relationship _____

Address: _____

Phone:# _____ Cell: _____

AHAS/WSU Vancouver has permission to seek immediate medical treatment for my child including transport to a hospital in case of a medical emergency.

AHAS staff does not administer or store any medications. If the student requires prescription medication while attending AHAS functions, he or she must register medications with staff before entering the program areas.

- The parent must provide a description of the medication and a signed statement from the doctor that the student must use the medication during the hours of AHAS and that the student is capable of self-administering.
- Or, the parent/guardian may come to the school to administer the prescribed medication.
- I agree to provide sunscreen for outdoor play and I give permission to WSUV/AHAS and its employees and volunteers to require application of sunscreen as deemed necessary.

Dated: _____

Signature: _____

Parent/guardian name: *(print)* _____

WASHINGTON STATE UNIVERSITY (WSU)

MINOR PHOTO RELEASE FORM FOR At School At Home EVENTS AT THE
WSU Vancouver

I hereby grant AHAS permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of AHAS and will not be returned.

I hereby authorize AHAS to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the AHAS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. Any other use of images and/or recordings, my name, and/or interview comments requires advance permission. I understand that I can revoke this consent at any time upon notice to WSU, at which time I will sign a copy of the denial for use of images or voice recordings.

I hereby hold harmless and release and forever discharge the AHAS/WSU Vancouver from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Minor Photo Release

Name of minor (please print) _____

Release for minors (those under the age of eighteen). I, the undersigned, being a parent or guardian of the minor, hereby consent to the foregoing conditions and warrant that I have the authority to give such consent.

Name of Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Date

QUESTIONNAIRE
(1 PER STUDENT)

Please complete one questionnaire for each student. Questions are for statistical purposes only. Information will be used for evaluating AHAS programs and grant applications. All information is kept confidential to the extent allowed by law.

The person filling out this form is the student or **circle one:** mother, father, step-mother, brother sister, aunt, uncle, grandmother, grandfather, guardian, other _____.

Student's Age _____ Sex: Male _____ Female _____

Student's race or ethnicity:

Please check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Laotian | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mexican/Mexican American/Chicano | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Spanish/Hispanic | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Cuban | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Black/African American | |
| <input type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Korean | | |
| <input type="checkbox"/> Other Asian America or Pacific Islander _____ | | |
| <input type="checkbox"/> Other former Soviet Union _____ | | |
| <input type="checkbox"/> Multi-ethnic/Multiracial _____ | | |
| <input type="checkbox"/> None of the choices reflect my racial identity | | |

Mother's highest level of education:

- some high school high school graduate some college 2 yr degree 4 yr degree

Father's Education

- some high school high school graduate some college 2 yr degree 4 yr degree

Is a language other than English spoken at home? No Yes Language: _____

How often does student have computer access on a weekly basis?

- Never Rarely Sometimes Often Always

If student has access to a computer, does student have access to the internet? _____ Yes _____ No

How many schools has student attended?

- 1 2 3 4 5 5 -10 More than 10

Is your family eligible for Free or Reduced Lunches? No Yes

How often does child enjoy school?

- Never Rarely Sometimes Often Always

How often is child ill?

- Never Rarely Sometimes Often Always

How many years has student attended AHAS? _____

**QUESTIONNAIRE
(1 PER STUDENT)**

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The person filling out this form is the student or **circle one:** mother, father, step-mother, brother sister, aunt, uncle, grandmother, grandfather, guardian, other _____.

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- | | | |
|---|---|---|
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| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Spanish/Hispanic | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Cuban | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Black/African American | |
| <input type="checkbox"/> Vietnamese | | |
| <input type="checkbox"/> Korean | | |
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ATTENTION

AHAS DISCLAIMER:

We anticipate over-enrollments. We will follow a **first-come first-serve** enrollment process. All students grades 3-8 who are not immediately enrolled will be placed on a waiting list. Programs for PreK (Evergreen District) and a high school service learning project will maintain separate waiting lists.