



# Summer Youth Participant Registration Form

Site: \_\_\_\_\_

Early Drop-off

Late

Pick-up

Both

A department of MPS

Last Name	First Name	MI	Date of Birth	Age	Student ID#

Please check one for each of the following.

Gender:  Male  Female

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Elem. Teacher Name: \_\_\_\_\_

Math Teacher Name: \_\_\_\_\_

English Teacher Name: \_\_\_\_\_

Lives with:  Both Parents  Father (single parent)  Foster Care  Grandparent(s)  **Check this box if you would like to request a fee waiver.**  Guardian  Joint Custody  Mother (single parent)

Other: \_\_\_\_\_

**Ethnicity:**

African-American  
 Asian-American  
 White/Caucasian  
 Hispanic-American  
 Non-Hispanic/Latino  
 Native American  
 Native Hawaiian/Pacific Islander  
 2 or more Races  
 Other/Unknown: \_\_\_\_\_

**Primary Language:**

English  
 Spanish  
 Burmese  
 Karen  
 Rohingya  
 Arabic  
 Hmong  
 Somali  
 Other: \_\_\_\_\_

Transportation:  City Bus: Route: \_\_\_\_\_  CLC Bus/Van  Pick-up  Walk Home  Other \_\_\_\_\_

Special Needs (allergies, medication, diet, etc.): \_\_\_\_\_

Parent/Guardian Last Name	First Name	Home Phone	Work Phone	Relationship

**ADDITIONAL CONTACTS:** List additional contacts for the child(ren) and use the checkboxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. *If no adults are listed below, and no boxes are checked, ONLY THE PARENT(S)/GUARDIANS WILL be able to pick on the student(s).*

Last Name	First Name	Address	Home Phone	Work Phone	Relationship	Pick up?	Emergency Contact?	Lives With?

[ ] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick up students per legal restrictions.

Last Name	First Name	Last Name	First Name

### Parent/Guardian Permission For Summer Recreation Program (SRP) - Please Read Carefully -

**PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named Summer Recreation Program (SRP). In the event of any injury requiring medical attention, I hereby grant permission to the SRP staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

**WAIVER:** I/we recognize that unanticipated situations and problems can arise during SRP activities that are not reasonably within the control of the SRP staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officer, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

**PHOTO PERMISSION/RELEASE:** I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/or interview children within the SRP and MPS. By signing this release, I also give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the SRP. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current SRP program. I further give my consent to the SRP program and MPS (in aggregate form) to share the participant's records with each other, for purposes of educational support and assistance. In addition, I understand that the SRP may use the participant's records to evaluate individual progress and improvement, as well as to evaluate the overall impact of the program to obtain continued funding for the program. **!**

**HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:**

PARTICIPANT SIGNATURE OR SIGNATURE OF GUARDIAN IF PARTICIPANT IS UNDER 18: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY
Date entered in computer: ____/____/____
Data Staff Initials: _____