



SUMMER FUN APPLICATION AND WAIVER



Please return application in person to Hayward YFSB, or email summerprogram@hayward-ca.gov

Preferred Session (please check ONE):

Fall 2024 Entering grades 2-5:

Fall 2024 Entering grades 6-8

Session # 1 9:00 AM to 10:30 AM
Tues Weds Thurs 6/18/24 to 6/27/24

Session #1 11:00 AM to 12:30 PM
Tues Weds Thurs 6/18/24 to 6/27/24

Session # 2 9:00 AM to 10:30 AM
Tues Weds Thurs 7/9/24 to 7/18/24

Session # 2 11:00 AM to 12:30 PM
Tues Weds Thurs 7/9/24 to 7/18/24

PARTICIPANT INFORMATION

PARTICIPANT'S NAME: _____ PRIMARY LANGUAGE : _____

BIRTHDATE: _____ SCHOOL: _____ GRADE(entering fall '24): _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARENT/GUARDIAN NAME 1: _____ EMAIL: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____ LANGUAGE: _____

PARENT/GUARDIAN NAME 2: _____ EMAIL: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____ LANGUAGE: _____

PICK UP AND RELEASE

Please indicate how you would like us to release your child at the end of each session.

Picked up by an authorized individual - List the names of people you authorize to pick up your child:

| Name | Relationship | Phone |
|------|--------------|-------|
| | | |
| | | |
| | | |

My child is permitted to walk home unescorted

Other (Please describe)

HEALTH INFORMATION

Allergies (please list any/all allergies participant has experienced. Enter N/A if not applicable.) Do these allergies require the use of an Epi-pen? _____

Medications (please list, including the use of an inhaler. Enter N/A if not applicable.)

Any special mental, physical, or medical problems (Enter N/A if not applicable.)

EMERGENCY CONTACT NAME (This should be someone other than the parent/guardian):

_____ E-MAIL: _____

PRIMARY PHONE: _____

ALTERNATE PHONE: _____

Language _____

WAIVER OF LIABILITY AND PERMISSION TO PARTICIPATE

I have read and accept the waiver of liability and permission to participate Yes No

I, the undersigned, give permission for my child to participate in the activities offered by YFSB's Summer Fun Recreational Program. I know of no physical disorder that could keep my child or ward from participating in this program. I waive any claim of liability against, and agree to hold harmless Youth and Family Services Bureau, Hayward Police Department, or the City of Hayward, and any other officer, agent and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by YFSB's Summer Fun Recreational Program. Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgment, may be necessary. I understand that YFSB conducts evaluations to assess the quality of programs. I give permission for my child to be part of this program evaluation. I also understand that the information collected about my child will be kept confidential and that only the persons connected with YFSB's Summer Fun Recreational Program and the evaluation will have access to this information.

PERMISSION TO USE PARTICIPANT IMAGES

Yes

No

I also give permission for any photograph, videotape, film audiotape or writing of said participant, obtained during normal summer program activities, to be used in informational materials and social media for the program.

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

I have read and accept the permission to provide necessary treatment or emergency care Yes No

I hereby give permission to the medical personnel selected by YFSB, including without limitation, coaches, volunteers and staff to provide transportation and all necessary medical and dental care for the above-named child. I hereby give permission to the medical care provider(s) selected by YFSB to secure and administer all necessary treatment, including hospitalization, for the child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

ATTENDANCE POLICY

I have read and understood the below attendance policy Yes No

It is very important that your child attend all sessions possible. If a participant is absent 3 or more times, she may be asked to leave the program. Youth are not allowed to attend only one session per week as they will

not receive the full benefits of the program. Please register your child for a session when they can attend consistently.

RESPECTFUL BEHAVIOR POLICY

I have read and understood the below behavior policy Yes No

Participants are expected to behave in a way that permits the facilitators to carry out the day's scheduled activities. Youth who are continually disruptive in a way that prevents the rest of the group from experiencing the benefits of the program may be asked to leave for the rest of the session. A child who engages in behavior that threatens the health or welfare of other participants, administrators, staff, or volunteers will be released from the program for the remainder of the season. YFSB's Summer Fun Recreational Program, its staff, and administrators reserve the right to remove from participation any child who for any reason does not fit the mission and goals of the organization.

By signing below I agree to the terms above.

Signature _____ **Date** _____

****Please return application in person to Hayward YFSB at 300 W Winton Ave Hayward 510-293-7048,**

or email: summerprogram@hayward-ca.gov**