

711 West Commons
Pittsburgh, PA 15212
Main Office: 412.434.0851 | Fax: 412.434.6318

Our Mission:
*YouthPlaces **inspires** youth and **empowers** them to succeed.*

Enrollment Renewal Form

YP Site: _____

* Participant Information

Youth's Name: _____ Date of Birth: _____

Gender: Female Male

Address: _____

City: _____ State: _____ Zip code: _____

Main Phone #: _____ 2nd Phone: _____

Name of School: _____

Current Grade Level: _____

Is student in ESOL classes? Yes No If yes, please indicate which level _____

Ethnicity of Participant: Hispanic Non-Hispanic

Race of Participant: **(Check all that apply)**

African African-American/Black Arab Asian Latino Caucasian Caribbean
 Bi or Multi-Racial Native American Other: _____

Please list any important health information you would like our staff to be aware of, including:

Allergies: _____

Medications: _____

Diet Restrictions: _____

Other: _____

Emergency Contact Information:

Name: _____ Relationship to Participant: _____

Best Phone to contact: (Daytime) _____ (Evening) _____



TO BE COMPLETED BY STAFF:

DHS KIDS
Number _____

***Parent/Caregiver Information**

Check here for primary emergency contact

Name: _____ Relationship to Participant: _____

Phone: _____ Email: _____

***INFORMATION RELEASE (REQUIRED)**

PITTSBURGH PUBLIC SCHOOLS:

As an approved partner with Pittsburgh Public Schools for the 2016-2017 school year YOUTHPLACES is authorized to receive personally identifiable student educational data including grades, PSSA and other assessment scores, attendance and discipline data, Promise eligibility, credit count, and graduation rates. ***IF YOU DO NOT WANT THIS INFORMATION SHARED WITH YOUTHPLACES***, please contact Tylor Hart, Program Assistant, Out-of-School Time for Pittsburgh Public Schools at thart2@pghboe.net or 412-529-3537 and your child's name will be placed on an opt-out list and no student data will be shared.

The Family Educational Rights and Privacy Act (FERPA) protects you and your child's right to privacy and confidentiality of educational records. Pittsburgh Public Schools provides you with a detailed written notification of these rights annually and you may always access this notice via the Department of Education link here: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>. FERPA requires prior consent to share personally identifiable information. Therefore, the District has developed this Release and Authorization form for its Community-Based and Faith-Based After-School Partners.

OTHER SCHOOLS (Non- Pittsburgh Public)

I authorize (School District) _____ to provide information and educational records of my child Name) _____ (DOB) _____ to YouthPlaces. The following information may be released: student ID numbers, attendance, discipline, grades, test scores, citizens marks, credit count (high school only), Pittsburgh Promise eligibility, and graduation attainment. This Authorization and Release shall remain in effect for one calendar year from the date of my signature.

Parent/Guardian Signature

Date

2. Photo Release: YouthPlaces staff documents activities through various mediums such as photographs and videos. Please indicate if images of your son/daughter/son can be used to promote YouthPlaces' mission on our website and social media spaces. **(Initial One)**
_____ I **DO** authorize or _____ I **DO NOT** authorize the use of my child's likeness in media or print.

3. Medical Release In case of an emergency, I authorize a representative of YouthPlaces to seek and agree to medical treatment for my son/daughter on my behalf.

***Parent Guardian Signature**

I hereby release, forever discharge, and hold harmless YouthPlaces (YP) and its officers, agents, volunteers and employees, from and against any and all claims, demands, or causes of action of any type whatsoever, including property damage, personal injury, or death, arising out of or in any way related to me or my son/daughter's participation in, or affiliation with, YP. I agree that my son/daughter and I will not hold YP or any of its affiliates responsible for any injury to me, my son/daughter, or my property as a result of attending or traveling to and from such programs and activities. I understand that YP does not carry or maintain health, medical, or disability insurance coverage for any volunteer or participant. By signing this document, I acknowledge my understanding of the terms and provisions of this waiver. I also understand that all parties acknowledge and agree that my signature shall be considered legally binding. I agree that this waiver is intended to be as broad and inclusive as permitted by the governing laws, and that this waiver shall be governed by and interpreted in accordance with the laws of Allegheny County, PA. I also agree that in the event that any section of this waiver shall be held to be invalid by any court or competent jurisdiction, the invalidity of that section shall not affect the remaining sections of this waiver.

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date