

# UNITEYCDC LEVEL-UP JOURNEY 2017 – 2018 STUDENT APPLICATION



Date: \_\_\_\_\_

| Student Information   |   |  |  |
|---|---|--|--|
| First Name:   |   | Last Name:   |  |
| Gender:   |   | Date of Birth:   |  |
| School:   |   | Grade:   |  |
| ENROLLMENT INFORMATION  |   |  |  |
| Please check-off which program parent is interested in enrolling student in.  |   |  |  |
| <input type="checkbox"/> Community Organizing   | <input type="checkbox"/> 12-14 Saturday Program | <input type="checkbox"/> 15-older Civic Engagement Program |  |
| MEDICAL & INSURANCE INFORMATION   |   |  |  |
| Does your child have any of the following:  |   |  |  |
| Medical/Physical Conditions or Limitations:   |   |  |  |
| Take Medications:   |   |  |  |
| Allergies:  |   |  |  |
| Dietary Restrictions:   |   |  |  |
| <b>In the case that your child is not feeling well (headache, etc.), would it be okay for them to take over the counter medications (not prescription medication)?</b>  |   |  |  |
| Tylenol/Acetaminophen   | YES   | NO   |  |
| MassHealth ID Number:   |   |  |  |
| PERMISSION & RELEASE  |   |  |  |
| By signing below:   |   |  |  |
| <ul style="list-style-type: none"> <li>i. You waive and release Understanding New Identifiers To Empower Youth and its directors, officers, representatives, employees and volunteers from and indemnifies them against any and all claims, demands, damages, actions, causes of actions, or liability of any nature whatsoever, known or unknown, including but not limited to personal injury or property damage incurred in connection with program participation at UNITEY.</li> <li>ii. You release UNITEY of any and all responsibilities or liabilities involving any form of transportation to and from the program and understand that once students leave UNITEY, UNITEY is no longer responsible for your child.</li> <li>iii. You agree to allow UNITEY and its partners to use video materials and pictures of my child for any purposes, including, but not limited to brochures, letters, thank you cards, TV programs, website, presentations and advertising. You have had the opportunity to review this form with an UNITEY Outreach staff and any questions have been answered to your satisfaction.</li> </ul> |   |  |  |
| Parent Name:  |   |  |  |
| Parent Signature:   |   |  |  |
| Date:   |   |  |  |
| Phone:  |   |  |  |