

SUMMER STAND PROGRAM



APPLICATION/PERMISSION TO PARTICIPATE & ACCIDENT WAIVER FORM

(PLEASE PRINT)

Age

Student's Name: _____

Date of Birth: _____

Street Address: _____

Home Phone: _____

City: _____ State: _____ Zip: _____

School: _____

Mother/Guardian's Name: _____

Home Phone : _____

Email Address: _____

Cell Phone : _____

Place of Employment: _____

Work Phone: _____

Father/Guardian's Name: _____

Home Phone : _____

Email Address: _____

Cell Phone : _____

Place of Employment: _____

Work Phone: _____

Relative/Neighbor who will assume temporary care of your child if you cannot be reached.

Name: _____

Daytime Phone: _____

Name: _____

Daytime Phone: _____

List any and all physical/medical conditions which may affect participation in any SUMMER STAND Program physical activity. Please explain:

List any learning differences, psychiatric issues or family issues your child is dealing with: _____

List any medication student is taking: *(If your child is taking medication for ADD or ADHD, please don't take him/her off of their medication for the summer.)*

Family Doctor _____ Phone # where doctor can always be reached _____

Doctor's Address _____

PARENT/LEGAL GUARDIAN

I, _____, give my permission for my child to participate in the SUMMER STAND Program and release the Dearborn Public Schools SUMMER STAND Program from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants to activities. Transportation may consist of bus, van, or car. Activities will include field trips within city limits and extended field trips away from Dearborn Public Schools. A schedule will be provided.

I authorize the SUMMER STAND Program leadership to transport the above name participant to the nearest hospital in case of injury or suspected injury while the participant is involved in a SUMMER STAND Program activity.

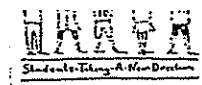
I authorize the hospital attending physician to administer necessary emergency professional medical care to the above named participant upon his/her arrival at the hospital.

PARENT/GUARDIAN SIGNATURE

DATE

NOTE: THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE THE NAMED PARTICIPANT CAN BE ASSIGNED TO THE PROGRAM.

HELP US GET TO KNOW YOUR CHILD



(PLEASE PRINT)

Child's Name: _____ Date Of Birth: _____

Address: _____

Home Phone #: _____ Parent/Guardian Cell Phone: _____

Parent's Email Address: _____ Child's Email Address: _____

Child lives with: Both Parents Mom Dad Other: _____

Parent/s-Guardian/s Occupation/s:

Dad: _____ Mom: _____ Guardian: _____

Please list the names and ages of siblings: _____

Type and name of pet/s: _____

*My child's strengths are as follows: _____

*My child has challenges with: _____

My child has interests in: _____

My child's hobbies are: _____

My child has played (sports): _____

My child's favorite games are: _____

My child's favorite foods are: _____

My child's least favorite foods are: _____

My child is allergic to: _____

Does your child have any specific medical concerns that we should be aware of? _____

My child's fears are: _____

*What are some challenges you would like us to address this summer? _____

*What would you like your child to get out of Summer STAND? _____

*Any other information you would like to share with us about your child that you may feel would be

helpful? _____

PLEASE MAKE SURE TO FILL IN THE BLANKS OF ALL QUESTIONS, ESPECIALLY THOSE MARKED WITH AN *.

SUMMER STAND GROUND RULES



*RESPECT OTHER'S OPINIONS: YOU CAN AGREE TO DISAGREE.

*AVOID PUT-DOWNS, OF YOURSELF OR OTHERS.

*RESPECT PEOPLE'S PRIVACY: "I KNOW SOMEONE WHO..." (DO NOT USE THE PERSON'S NAME)

*ASK WHEN YOU DON'T UNDERSTAND OR WHEN YOU NEED HELP.

*ALWAYS ASK PERMISSION TO GO TO THE RESTROOM.

*GIVE EVERYONE A CHANCE TO SPEAK.

*LET OTHERS FINISH WHAT THEY HAVE TO SAY BEFORE YOU SPEAK.

*OUR DRESS CODE IS THE SAME AS YOUR DEARBORN ELEMENTARY, MIDDLE SCHOOL, OR HIGH SCHOOL.

*YOU MUST ADHERE TO THE DEARBORN SCHOOLS CORE VALUES.

*YOU WILL NOT LET YOUR WORDS OR ACTIONS HURT OTHERS.

*YOU WILL DO YOUR PART TO MAKE SUMMER STAND A SAFE PLACE BY BEING KIND TO OTHERS.

*NO PROFANITY.

*NO TEASING OR BULLYING.

*TELL YOUR LEADER OR DIRECTOR IF SOMETHING MAKES YOU FEEL UNCOMFORTABLE.

*IF YOU DO NOT FOLLOW THE GROUND RULES, YOU WILL BE ASKED TO DISCONTINUE THE PROGRAM IMMEDIATELY.

If you understand and accept the rules - please sign:

PARENT: _____

STUDENT: _____

LEADER: _____