



REGISTRATION FORM 2017/2018

Parental Permission & Medical Release Form

For Office Use Only	_____
Date Received	_____
Total Payment Due	_____
Paid	_____
Data	_____

This form must be filled out and signed by a parent/guardian to participate in Urban Impact Programs.
Mail or drop off form to 801 Union Ave, 4th floor, Pittsburgh PA 15212 Phone: 412-321-3811

PROGRAMS: Please mark the program(s) for which your student is registering (checks payable to *Urban Impact*):
• All programs listed below are open to both Boys and Girls

FALL & WINTER: (*MS/HS Choir, Children's Choir, and Performing Arts Academy extend into the spring*)

- *Performing Arts Programs → *A Performing Arts Selection Form is **REQUIRED** for all Performing Arts Programs
- Soccer: 4yrs-5th Grade, \$10 (Fall) Soccer Teams: Grade 3-8, \$25 (Indoor) Intramural Basketball: 3rd-12th GR, FREE
- Basketball Travel Teams: 6th-12th Grade; selected students, FEE FUNdamental Basketball: K-3rd Grade, \$10 (Winter)
- Tutoring Center: 1st-12th Grade; FREE → *Student must be enrolled in another Urban Impact program*
- **SAT Prep: 10th-11th Grade; FREE (*see note below*) **Job Readiness Class: 7th-12th Grade; FREE (*see note below*)
 ** Preference given to students enrolled in another Urban Impact program

Administrative use only:

___ OTHER: _____ FEE: ___ / ___ OTHER: _____ FEE: ___

STUDENT INFORMATION:

→ _____ Name of Student (First, MI, Last)	_____	_____	_____/_____/_____ Date of Birth	_____ Gender
_____ Address	_____ City	_____ State	_____ Zip	
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Student Cell Phone: may we text this phone? Y / N			
_____ School	_____ Church	_____ T-shirt size		

* **ALLERGIES, HEALTH CONCERNS, ACTIVITY RESTRICTIONS:** PLEASE LIST **ALL** THAT APPLY: →

PARENT/GUARDIAN INFORMATION:

→ _____ Parent/Legal Guardian #1	_____ Relationship	_____ Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
_____ Phone: Preference → <input type="checkbox"/> Call/ Voice Mail <input type="checkbox"/> Text	_____ Email	
_____ Parent/Legal Guardian #2	_____ Relationship	_____ Alternate Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
_____ Phone: Preference → <input type="checkbox"/> Call/ Voice Mail <input type="checkbox"/> Text	_____ Email	

Preferred Method of Communication: When important and timely information must reach the student and their parent/guardian, please → **TEXT:** Primary Phone Student Phone **CALL/ VOICE MAIL:** Primary Phone Student Phone
EMAIL: Parent/Guardian #1 Parent/Guardian #2 **[In boxes, please label most preferred methods as 1, 2, 3...]**

Emergency Medical and Liability Release: My signature below indicates that I have read and do agree to the conditions listed on the back and that I have given accurate and necessary information regarding the above named child.

→ _____
Parent/Legal Guardian (*please print*)

→ _____
Signature of Parent/Legal Guardian

_____/_____/_____
Date

(TURN OVER)

EMERGENCY CONTACT INFORMATION:

In the event of an emergency **and your child's listed 'Parent/Legal Guardian(s)' cannot be reached**, please give a name and phone number of an Authorized/Designated individual to make emergency decisions:

Name Relationship to Student Phone #

Medical Insurance Company: _____

Policy #: _____ Primary Care Physician: _____

Authorization for Administering Medication:

In order for Urban Impact staff to administer over-the-counter medication, please complete the following section:

I, _____, give my consent to Urban Impact staff and volunteers to administer the following
(parent/guardian signature)
over-the-counter medication to the above named child in the prescribed dosage and time increments indicated by the medication's package label: Yes No
(Check medication below)

If **Yes**, please check the following over-the-counter medication that Urban Impact is allowed to administer:

_____ Aspirin	_____ Advil	_____ Antiseptic Ointment	_____ Acetaminophen
_____ Tylenol	_____ Antacids	_____ Anesthetic Ointment	_____ Rubbing Alcohol
_____ Ibuprofen	_____ Benadryl	_____ Iodine Prep Pad	_____

(other)

Emergency Medical and Liability Release

My signature indicates that in the event of an emergency and in the event that: (1) a parent/legal guardian or the Authorized/Designated Individual identified above cannot be reached; or (2) immediate medical attention is necessary, I consent to have Urban Impact Foundation [UIF] staff/leaders/volunteers act in my behalf and hereby grant my permission for emergency treatment to be administered until a parent/legal guardian or the Authorized/Designated Individual identified above can be reached. I am consenting to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. I agree not to hold Urban Impact Foundation, The Pittsburgh Public Schools, partnering organizations or any staff/leaders/volunteers, liable for any decisions for any emergency medical treatment made under this authorization or for any accident or loss to the student however caused.

In addition, I do hereby release, forever discharge and agree to hold harmless Urban Impact Foundation, The Pittsburgh Public Schools, partnering organizations and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Permission to Transport

I give UIF permission to transport my son/daughter to and from UIF programs and UIF related events.

Promotional Release

I also release UIF to use photos, video and audio of my student in promotional materials that support Urban Impact Foundation & its programs. ***I understand photos may be used on billboards, bus stop advertisements, and online social media like Facebook.*** I release UIF from any liability connected with the use of my picture or voice recording as part of any promotional recruitment or fundraising program.

(SIGNATURE REQUIRED ON THE FRONT)

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: _____
[Name of school that will be releasing the educational records]

Please provide information from the educational records of _____
[Student name]

Parent/Guardian requesting the release of educational records to:

Urban Impact Foundation

[Name(s) of person to whom the educational records will be released, and if appropriate the relationship to the student such as “parents” or “prospective employer” or “attorney”]

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

The only type of information that is to be released under this consent is:

- transcript disciplinary records
- recommendations for employment or admission to other schools
- all records
- other (specify) grades/transcripts

The information is to be released for the following purpose:

- family communications about school experience
- employment
- admission to an educational institution
- other (specify) academic support & planning
coordination of services

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of School permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Student ID Number _____

Date _____