



**LEAP HIGH PROGRAM REGISTRATION  
Piper High School  
2019-2020**



**PRIMARY COMPONENT:**

**Participant Information**

**(PLEASE PRINT INFORMATION)**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Student ID</b>	<b>Gender</b>
				<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Birth Date</b>	<b>Age</b>	<b>Grade</b>	<b>Country of Birth and last 4 digits of Social Security #</b>	
____/____/____			<input type="checkbox"/> United States <input type="checkbox"/> Other _____ SS# _____	

**Parent/Legal Guardian Information**

<b>Full Name of Mother/Legal Guardian</b>			<b>Full name of Father/Legal Guardian</b>		
<b>Street Address (if different from participant)</b>			<b>Street Address (if different from participant)</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>		<b>Mobile Phone</b>		<b>Home Phone</b>	

**Are there any custody issues?**  Yes  No *If yes, please provide documentation to the YMCA of South Florida office.*

**Emergency Contact / Pick-Up Authorization**

In the event that a parent/guardian cannot be reached in an emergency situation, the following individuals are provided consent for emergency contact and authorized participant pick up.

<b>Contact Name</b>	<b>Relation</b>	<b>Phone Number</b>	<b>Phone Number</b>
1.			
2.			
3.			

**Individuals NOT AUTHORIZED for pick up/participant contact:**

1.	2.	3.
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**Student Dismissal**

The YMCA of South Florida LEAP High program dismisses students at times specific to site location. All locations follow sign out processes for students. Once a student signs out from program, they are no longer the responsibility of the YMCA of South Florida LEAP High program and its affiliates.

**Upon signing out from program, my son/daughter will:**

Walk home       Be picked up       Ride the bus

**Eligibility**

Please indicate one or more factors:


- Qualify for free or reduce lunch
- Performing at or below the 40<sup>th</sup> percentile
- Reading below grade level
- Documentation of behavioral problems
- Have little or no attachment to school

**Student Demographic Information**

The demographic information gathered herein is solely used for statistical purposes on behalf of the YMCA of South Florida and its funders. Student information is kept confidential.

Household arrangement	Household income	Free or Reduced Lunch
<input type="checkbox"/> Both parents <input type="checkbox"/> Single parent <input type="checkbox"/> Other arrangement  Number in Household: ____	<input type="checkbox"/> 0-9,999 <input type="checkbox"/> 40,000-49,999 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 50,000-69,9999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 70,000-99,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 100,000-over	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Ethnicity
		<input type="checkbox"/> Yes, Spanish/Hispanic/Latino <input type="checkbox"/> No, Not Spanish/Hispanic/Latino
Language Spoken	Race	Cultural Influence
<input type="checkbox"/> Bilingual Creole/English <input type="checkbox"/> Bilingual Spanish/English <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Declined	<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Declined	<input type="checkbox"/> American <input type="checkbox"/> British <input type="checkbox"/> Central/South American-Hispanic <input type="checkbox"/> Cuban <input type="checkbox"/> German <input type="checkbox"/> Haitian <input type="checkbox"/> Italian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> West Indian <input type="checkbox"/> Other _____ <input type="checkbox"/> Declined

**Medical Information**

Name of Insurance Carrier and Plan Name		Family Physician
Carrier Phone	Insurance ID number	Physician Contact Phone
 Please list ADA Accommodations needed		<b>Has the participant ever been diagnosed with or received treatment, attention, or advice from a physician for:</b>
_____ _____ _____ _____ _____		<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Serious headache/Migraine <input type="checkbox"/> Other _____

Please explain any medical issues stated above with treatment, attention, or advice from a physician

**Community Resources**

- Please indicate if you would like more information about:
- Food and Nutritional Assistance (EBT Program, WIC, Pantries)
  - Health Insurance (Medicaid, Florida Kid Care)
  - Employment (Workforce One, Job Fairs, Career Counseling)
  - Counseling Services
  - Financial Assistance/Financial Literacy
  - Child Care Resource and Referrals



**Agreement and Release of Liability**

I give my child(ren) permission to participate in the YMCA of South Florida activities. In consideration of being permitted to utilize the facilities, services and programs of the YMCA of South Florida for any purpose including, but not limited to, observation or use of the facilities or equipment or participation in any off-site programs affiliated with the YMCA of South Florida, the undersigned for himself, herself, and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of South Florida, their directors, officers, employers, and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

**Medical Attention:** Should the YMCA of South Florida be unable to reach me or the person(s) designated, the YMCA of South Florida is authorized to administer first aid and/or contact my physician and/or arrange for immediate medical treatment to ensure the health and safety of my child(ren).  
I accept responsibility for payment of medical services rendered.

**Photo Release:** I grant the YMCA of South Florida permission to use photographs and videotapes taken of my child(ren) for the YMCA of South Florida publication purposes.

**Transportation and Field Trips:** I give my child(ren) permission to participate in the YMCA of South Florida events and field trips. I understand that the YMCA of South Florida may provide transportation to and from scheduled field trips. Parent/Guardian will be informed of all planned events.

**Custody:** Decisions regarding who is authorized to pick up a participant will be governed by the information listed on page 1 of this document.

**Behavior Policy:** I understand that the YMCA of South Florida will follow the same behavior policies as the School Board of Broward County and that my child is held to these same standards.

**Shared Information:** In order to continue funding programs like this one, Children's Services Council of Broward County ("CSC") conducts research to see how participants do while in the program, as well as after they leave the program. In addition to outcome data collected from participants in their program, CSC research staff may give participants additional surveys and assessments. CSC may also collect information on participants after they complete the program. The information collected after participants leave the program will come from county and state public health databases like Department of Health. The information participants provide will not be used to identify them. CSC has created many safeguards to protect participants' privacy and to prevent unauthorized use or access to it. CSC is not allowed to release any of participants' personal information (Open Government Sunset Review Act; Section 119.15, F.S.). I give permission for my child's information to be used for statistical purposes.

**I have read this form, agreed to all of the afore-mentioned and grant permission for my child to participate in all activities provided by the YMCA of South Florida.**

\_\_\_\_\_  
**Student Print Name**

\_\_\_\_\_  
**Student Identification Number**

\_\_\_\_\_  
**Parent Print Name**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

**EXHIBIT B**

**Informed Consent Process Authorizing Release of The School Board of Broward County Data**

CSC-funded YMCA LEAP High Program shall provide all parents/guardians or youth 18 years of age or older enrolled in their program with the following written statement that must be signed, retained by the Provider, and verified in CSC'S Services Activities Management Information System (SAMIS):

The program operated by The Young Men's Christian Association, Inc. (YMCA), that your child participates in is funded by the Children's Services Council of Broward County (CSC). The CSC uses data from The School Board of Broward County (SBBC) to research and evaluate the success of the YMCA at serving your child. To use SBBC data, the SBBC requires parents/guardians or students 18 years of age or older to read and sign the information below.

The School Board of Broward County Informed Consent

The SBBC shares data with the CSC, for the purposes of: (1) enrolling students into CSC programs; (2) researching and evaluating the effectiveness of CSC programs at improving student's school performance, behavior, attendance, graduation rates, and their transition to career pathways; and, (3) care coordination purposes. The shared education records include: students' first and last names; student SBBC identification number; race; gender; disability; home language; country of origin; eligibility for free and reduced lunch; English proficiency; Florida student identification number; home address; attendance; schedule; grades; test scores; promotion status; risk assessment data; Career Technical Education credential attainment; suspensions and/or expulsions.

The education records listed above will be disclosed by SBBC to the CSC and to the Young Men's Christian Association, Inc. by CSC so that the YMCA can effectively provide case coordination services to help students improve: school performance; behavior; attendance; graduation rates; and their transition to post-secondary opportunities.

By signing below, the parent/guardian or student 18 years of age or older provides their expressed written consent for SBBC to disclose their education records pursuant in the paragraphs above.

\_\_\_\_\_

**Print Child's Name**

\_\_\_\_\_

**Child's Student ID Number**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**