



REGISTRATION FORMS

Session One: October 2, 2017 – December 14, 2017

Boushall After-School Program

Coordinated by



Boushall Middle School–Richmond, VA



How to Register for NextUp

- Return completed forms to the NextUp Site Coordinator or Communities in School Site Coordinator in your school's main office **only**.
- All sections must be completed before you submit forms.
- A parent or legal guardian must sign authorization forms.
- **Sign up early.** Programs fill up quickly!
- **Programs are free and students will be enrolled on a first-come, first-served basis.** We cannot guarantee that students will be enrolled in programs that are selected. Families will receive either written confirmation or a phone call letting them know if their student has been accepted for particular programs.
- **Students are required to attend all days their programs meet.**
- Students who cannot follow the Richmond Public Schools Standards of Student Conduct may be removed from NextUp.
- Although buses do drop off youth near their homes at the end of the day, families are ultimately responsible for transportation.

Student Information

Please complete the form below in its entirety.
Be sure to indicate your gender and grade (circle one).

First Name _____
Last Name _____
School _____
Birth Date / /
Gender Male Female
Grade 6 7 8
School ID _____

Family Information

Parent/Guardian #1

Name _____
Relationship _____
Home Phone _____
Work Phone _____
Other Phone _____
Email _____
Address _____
City _____ State _____ ZIP _____

Parent/Guardian #2

Name _____
Relationship _____
Home Phone _____
Work Phone _____
Other Phone _____
Email _____
Address _____
City _____ State _____ ZIP _____

STAFF ONLY

Date Received _____ Date Processed _____ Staff Person _____

Complete
and return
this form.

Transportation

THIS SECTION IS REQUIRED

Please check Yes or No for each statement. It is important that we know your preferences for every option listed below:

- Yes No I will pick up my child at the school at the end of the day.
- Yes No I grant my child permission to walk home alone from the school if leaving at 5:00 pm.
- Yes No I grant my child permission to take the school bus home.
- Yes No In the event that either I or the persons authorized for pick-up are not able to arrive on time, I will allow my child to take the bus.

At 5:00 pm and 6:15 pm (dismissal time will depend on your child's schedule), bus transportation to home neighborhoods is provided for all youth participating in the NextUp program. Richmond Public Schools' transportation department will provide corner stops for your son/daughter.

Pick-Up/Emergency Contacts

THIS SECTION IS REQUIRED

At the end of the day, bus transportation to home neighborhoods is provided for all youth participating in the NextUp program if parents give approval above. Parents are always welcome to pick up students at the designated departure times of 5:00 pm and 6:15 pm.

My child may be picked up by:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Please add as many names to this pick-up list as you like on an additional sheet of paper. Only those listed will be allowed to pick up students.

My child may **NOT** be picked up by:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Medical Information

In order to provide a fun and safe after-school experience for your son/daughter, we would like to know if he/she is currently taking any medication(s) or has any allergies. This information will allow our staff to better attend to your child's needs. Except as necessary in the event of a medical emergency, this information will not be shared with third parties.

Medicine Yes No If yes, please list medications and dosages here and explain.

Allergies Yes No If yes, please explain. _____

Other _____

Complete
and return
this form.

Consent to Disclose Student Records for Record Sharing

At NextUp, our goal is to help your child reach his or her full potential, socially, emotionally and academically. To help us achieve that goal, we may need to share certain information about your child with the Richmond Public Schools system (RPS), Higher Achievement (HA) and Communities In Schools of Richmond (CISR), and they, in turn, may need to share certain information about your child with us. RPS, HA and CISR are partners with NextUp in creating a full day learning experience for your child, and sharing this information can help us better serve him or her. Additionally, this information will help us understand whether or not the program is having a positive impact on your child's academic, social and emotional well-being.

Also, to improve the NextUp program and make sure it meets the needs of students and their families, we may conduct surveys to ask questions about the kinds of NextUp programs students would like to see, and what they are learning from their participation in the program. The answers to the surveys will be used to evaluate and improve the NextUp program. Completing the surveys is optional, and they may be completed anonymously.

By signing below, you consent to have Richmond Public School release your child's student record to a data management system operated by our third-party partner, Youthservices.net. The student record has information such as your child's attendance, grades, scores on SOL assessments, types of services they may receive, discipline history, and demographic information. Having this information helps us better understand how our services work and how we can improve them to help your child be more successful.

I understand why NextUp is asking my permission to access my child's student record, and I grant permission to Richmond City Public Schools to share that information with NextUp and their third-party data management system partner, Youthservices.net.

Yes, I give my permission to allow the Richmond Public Schools system to disclose my child's student records to NextUp and Youthservices.net. I further consent to allow NextUp to disclose information about my child's program participation to the Richmond Public Schools system and NextUp program partners.

No, I do not give my permission to allow Richmond Public Schools system to disclose my child's student records.

Additional information about student privacy rights under the Federal Educational Rights and Privacy Act (FERPA) can be found in the Richmond Public Schools Parent Handbook.

Media Release

Sometimes, NextUp and its partners may use photos of NextUp participants in publicity and marketing materials, such as on the program's website. In addition, the media may take photos when they come to visit the program.

Yes, I give my permission to allow photos of my student to be used by NextUp and its affiliates, and by media organizations in publicity and marketing materials.

No, I do not give my permission to allow photos of my student to be used.

Printed Name of Child: _____

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Date: _____

Complete
and return
this form.

Parent/Guardian Permission

To Participate, Assumption of Risk, and Release and Waiver of Liability

PARENTS/GUARDIANS, PLEASE READ CAREFULLY.

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

Please read this section carefully, and sign at the end to confirm that you agree with the following:

I hereby freely and voluntarily sign and accept this Permission to Participate, Assumption of Risk, and Release and Waiver of Liability (“Release”), and acknowledge and agree as follows:

I have read and understood the foregoing information:

1. PERMISSION TO PARTICIPATE; ASSUMPTION OF RISK; RELATED MATTERS.

- I hereby grant permission for my child to participate in the NextUp program (“Program”) on the terms and conditions described in this brochure, including but not limited to the terms of any consents and approvals contained herein relating to student transportation, the sharing of student records and information, and the taking and use of photographs and videos of my child. I understand and acknowledge that participation by my child in the Program may involve certain risks, including the risks of bodily injury and loss or damage to personal property.
- I acknowledge that my child’s participation in the Program is entirely voluntary and I hereby assume all risks arising from or in connection with my child’s participation in the Program, including but not limited to all risks of bodily injury or property loss or damage.
- I understand that NextUp does not employ staff for the conduct of the various activities included within the Program and that, instead, the individuals who staff those activities are employees of the Program Providers who sponsor and conduct those activities. I further understand that the Program Providers are responsible for the operation of the Program and their respective activities, for the supervision of the personnel associated with their activities, and for handling information related to my child’s participation in any such activities.
- NextUp and its sponsor affiliates and Program Providers as listed in this Program Information packet, expressly disclaim responsibility for any loss, damage, cost or liability arising from or in connection with the conduct of activities operated by the Program Providers and/or the use, sharing or receipt of my child’s information and student records in the manner described herein.
- With respect to any activity that my child will participate in at an off-site location, I hereby give permission for my child to be transported to and from Program sites on school buses and in Program Provider vehicles.
- I hereby give permission for my child to participate in activities at my child’s school, as well as other off-site locations throughout Richmond, as specified in the registration brochure. In granting such permission, I acknowledge that, during the course of my child’s participation in the Program, he or she may have the opportunity to attend certain special activities, such as off-site events, end-of-session celebrations, performances and field trips, and I understand that some of these special activities may take place outside regular NextUp hours.
- Information about specific activities and their associated risks may be obtained from the Program Provider responsible for an activity.
- To the extent that I have any concerns about my child’s fitness to participate safely in any activity, I understand it is my responsibility to raise those concerns with an appropriate medical professional to confirm that my child’s participation will not present any unacceptable risk of injury.
- I understand that participation in any of these activities is entirely voluntary and requires my child as a participant to follow instructions and abide by all applicable rules and the standards of conduct established by the Program Provider.
- In case of a medical emergency involving my child, I understand that, when possible, efforts will be made by the Program Provider to contact the individual listed for my child as the emergency contact person.

Complete
and return
this form.

- If my child’s emergency contact cannot be reached in a timely manner under the circumstances, I give my permission to the medical provider selected by the Program Provider to secure appropriate emergency treatment for my child, including hospitalization, anesthesia, surgery, or application of medication and treatment for my child.
- In the case of an injury or illness involving my child that is not a true medical emergency in the opinion of the medical provider, I understand that it will be my responsibility to make timely decisions on appropriate medical treatment for my child.
- I authorize Program Providers to disclose any information in their possession regarding my child to any medical provider that sees or treats my child for any illness or injury that may occur when my child is participating in a Program activity.

2. RELEASE AND WAIVER OF LIABILITY.

- I hereby release and forever discharge and hold harmless NextUp, NextUp site coordination agencies, (and their respective sponsors), Program Providers, their successors and assigns, and any of their officers, directors, trustees, agents and employees (collectively, the “Released Parties”) from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise in connection with my child’s participation in the Program.
- I UNDERSTAND THAT THIS RELEASE DISCHARGES THE RELEASED PARTIES FROM ANY LIABILITY OR CLAIM THAT I, MY CHILD OR ANY OF OUR RESPECTIVE HEIRS, EXECUTORS, ADMINISTRATORS, PERSONAL REPRESENTATIVES OR OTHERS CLAIMING THROUGH EITHER OR BOTH OF US, MAY HAVE AGAINST ANY OF THEM, WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY LOSS OR DAMAGE THAT MAY RESULT FROM MY CHILD’S PARTICIPATION IN THE PROGRAM, WHETHER CAUSED BY THE NEGLIGENCE OF ANY OF SUCH PERSONS OR OTHERWISE. I ALSO UNDERSTAND THAT NEXTUP, NEXTUP SITE COORDINATION AGENCIES AND PROGRAM PROVIDERS DO NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING, BUT NOT LIMITED TO, MEDICAL, HEALTH OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.
- I expressly acknowledge and agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Virginia, without reference to conflict of laws principles. I also agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of any such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall in all circumstances continue to be enforceable.
- I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, AND THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD NAMED BELOW, WITH AUTHORITY TO ENTER INTO AGREEMENTS. I FURTHER CERTIFY THAT I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS RELEASE.

Printed Name of Child: _____

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Date: _____

Complete and return this form.



Return completed forms to:

**Karanja Cook, NextUp Site Coordinator
Boushall Middle School, Main Office
3400 Hopkins Road
Richmond, VA 23234
804.306.6807**

kcook@higherachievement.org

NextUp is powered by a collaborative effort of educators, city and school officials, and business and community leaders to provide high-quality, coordinated after-school programs for Richmond Public Schools middle school students.