



## YES Program Application 2016-2017

- ☐ Baldwin High School
- ☐ Blandy Hills Elementary
- ☐ Creekside Elementary
- ☐ Eagle Ridge Elementary
- ☐ Midway Elementary
- ☐ Oak Hill Middle School



**A SEPARATE APPLICATION MUST BE MADE FOR EACH APPLICANT.**

*Print clearly – incomplete or unreadable applications will be discarded*

\_\_\_\_\_  
Student Name (Last Name, First Name) PLEASE PRINT

\_\_\_\_\_  
Parent/Guardian Name(s) PLEASE PRINT

\_\_\_\_\_  
Student Date of Birth

**Student's Gender (check one)**

- ☐ Female
- ☐ Male

**Student's Primary Language (check one)**

- ☐ English
- ☐ Other
- ☐ Spanish
- ☐ Other \_\_\_\_\_

**Student's Ethnicity (check one)**

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black (not of Hispanic origin)
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other \_\_\_\_\_

### HOME ADDRESS

<b>Street:</b>
<b>City:</b>
<b>Zip Code:</b>
<b>Cell Phone Number (Required):</b>
<b>Home Number:</b>
<b>Parent(s)/Guardian(s) Work Phone Number:</b>
<b>Email Address:</b>

**Student Lives With (check one)**

- ☐ Both parents
- ☐ Grandparent(s)
- ☐ Joint Custody
- ☐ Single parent father
- ☐ Single parent mother
- ☐ Foster Care
- ☐ Guardian
- ☐ Other

**Transportation (check one)**

- ☐ Student will be picked up
- ☐ Student will ride the bus home
- ☐ Student is allowed to drive home  
**(high school students only)**

**I understand that unless my student is picked up by bus departure time my student(s) will be transported home by a school bus. I understand that late arrival may result in a “late charge” to pay for staff overtime. I further understand it is my responsibility to check with the Ed Coordinator at my site to confirm “pickup time”.**

**Parent(s)/Guardian(s) Signature****Date****☐ Special Needs**

My student has the following special needs (include all information, including allergies, medications, diet, etc.) \_\_\_\_\_

**YES Policies**

Please sign below to indicate that you are aware of and have access to the YES Policies and Procedures at [www.baldwin-county-schools.com](http://www.baldwin-county-schools.com). Your signature below also confirms that you understand that you must attend ALL parent orientations (1<sup>st</sup> Semester and 2<sup>nd</sup> Semester) for your student to be accepted and/or remain in the program. I agree that it is my responsibility to discuss the policies and procedures with my student(s) to assure a positive afterschool experience.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Save time – double check that all the information is entered and correct**

**APPROVED TO PICKUP** \_\_\_\_\_  
STUDENT'S NAME (PLEASE PRINT)

**If you are the primary contact for this student ---  
Please put your information as Contact #1**

<b>Contact #1:</b> _____ (FIRST NAME) (LAST NAME)	
Relationship	Cell Phone (required)
Home Phone	Work Phone
<b>Contact #2:</b> _____ (FIRST NAME) (LAST NAME)	
Relationship	Cell Phone (required)
Home Phone	Work Phone
<b>Contact #3:</b> _____ (FIRST NAME) (LAST NAME)	
Relationship	Cell Phone (required)
Home Phone	Work Phone

[ ] Check box if legal restrictions are in effect. List persons not allowed to see student at site and/or not allowed to pick up this student.

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**PERMISSIONS for \_\_\_\_\_**  
**NAME OF STUDENT**

Check below		
Accept	Decline	
		I understand that if my mobile number changes, it is my responsibility to notify the YES Program immediately.
		I agree to participate in the Remind Program, which will send me text message updates on the program changes, parent learning opportunities, student progress, etc.
		I give permission for the participant(s) listed to take part in YES' activities, which may include off-site events, academic assistance, recreational programs, and assistance provided by volunteers from Georgia College, Communities and Schools and Overview, Inc. Foster Grandparent Program and all other community partnerships.
		If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand I will be responsible for any transportation charges and medical expenses incurred.
		I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the YES staff.
		I hereby give my consent to the YES Program to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the YES Program.
		I hereby give permission for my student's artwork, poetry or other work produced in conjunction with the YES Program to be used for education and public relations purposes.
		I understand that the information to be posted may include information from my student's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my student's address, phone number, or social security number.
		I further give my consent to the School District and the YES Program to share the participant's student records with each other and Communities In Schools (CIS) for purposes of providing educational support and assistance.
		I give my consent for the YES Program to survey my student and/or myself about issues relevant to the YES Program.
		I understand that the YES Program will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.
		I understand that unless student(s) is picked up by bus departure times designated for each site on, the student(s) will be transported home by a school bus.
		I understand that the YES Program will maintain a low teacher/student ratio and that it is possible that not all students will be enrolled immediately. I understand that student's information may be placed on a waiting list. I/We understand that students will receive acceptance letters via US mail.
		I hereby certify that I have read and do understand the above information.

**Signature of Parent or Guardian**

**Date**

**GEORGIA COLLEGE & STATE UNIVERSITY**  
**ASSUMPTION OF RISK AND INSURANCE CERTIFICATION**

Many activities, including, but not limited to, afterschool and summer camp programs, athletic programs and field trips and other activities involve risks of bodily injury, property damage, and other dangers associated with participation in such activities. Activities can include, but are not limited to: running; jumping; dancing; sliding; playing basketball, volleyball, tennis, golf, ping pong; participating in martial arts, disc golf, theatre, aerobics, swimming. Dangers related to such activities include, but are not limited to, the following: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, heat exhaustion, and/or death.

Each participant in these activities should realize that there are risks and dangers inherent in them, and also in the training, participation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which s/he has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that Georgia College & State University does not warrant or guarantee in any respect the competency or mental or physical condition of any leader, trip leader, vehicle driver, or individual participant in any activity.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary academic enrichment, athletic, or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate, including the training, preparation for, and travel to and from the site of such activities.

**RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE**

The undersigned hereby acknowledges that participation in afterschool and summer camp programs, athletic programs and field trips and other activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Georgia College & State University (the "Institution") allowing the undersigned to participate in voluntary recreational programs, athletic activities, field trips, or other activities in connection therewith, and making available to the undersigned for his/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the Institution, the undersigned participant does hereby waive liability, release, and forever discharge Georgia College & State University and the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected to such activities.

I further covenant and agree that for the sole consideration stated above, I will not sue Georgia College & State University, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in afterschool and summer camp programs, athletic programs and field trips or other activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to sue the Institution or the Board of Regents of the University System of Georgia or any agent or employee thereof shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver and Covenant Not to Sue shall remain in effect for as long as I am a participant in afterschool and summer camp programs, athletic programs and field trips offered by the Institution. Further, I understand that, if I am an employee, student, or program participant at the Institution, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my employment, enrollment, or participation at the Institution.

I certify that I am \_\_\_\_\_ years of age and suffering under no legal disabilities and that I have carefully read and understand this notice.

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**Parent/Guardian Print Name**

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**Signature**

**Date**

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**Witness**

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**Street Address of Parent/Guardian Completing Form**

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**City**

**Zip**

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**Home Phone Number**

**Cell Phone Number**

**Work Phone Number**

**Education Coordinators:**

- **Baldwin High School – Emily Alvey – 478-456-0838**
- **Blandy Elementary – Leigh Reeves – 478-451-7816**
- **Creekside Elementary – Dianna Perdue – 478-288-0174**
- **Eagle Ridge Elementary – Kathy Guepet - 478-363-6250**
- **Midway Elementary – Tori Davis-Dominy - 478-414-6621**
- **Oak Hill Middle School – Alicia Jenkins - 706-473-9620**

**YES Program Director - Julie Andrews Cook – 478-456-1857**

**Program Assistant – Emily Alvey 478-456-0838**

**Adult Program Coordinator – Richard Hartry – 478-457-7377**