



# Parent Orientation for the ESYI Summer Camp Program

*Parents and Guardians  
please join us on:*

***Thursday, May 19, 2022, at 5:30 p.m.***

***for our Summer Camp Parent Orientation,  
at the 10th Street Community Center.***

***By signing below, I agree that I will be in  
attendance.***

**Child/Children Name(s):**

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**Parent/Guardian Name (Printed):**

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**Parent/Guardian Signature:**

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## 2022 REACH UP ESYI SUMMER PROGRAM APPLICATION

Accepted By: _____	Date/Time: _____
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The REACH UP East Stuart Youth Initiative Summer program will begin on Tuesday, May 31, 2022, and end on Tuesday, August 2, 2022. Registration is based on a first-come-first-serve basis for youth ages 6-18. A parent or legal guardian must register each youth.

Name of Youth: \_\_\_\_\_  
 (Please print) Last MI. First

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female SSN# \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Grade during 2021-2022 School Year: \_\_\_\_\_ School: \_\_\_\_\_

School Lunch Program:  Free  Reduced  Ineligible

<input type="checkbox"/> Indio americano o	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Some Other Race	<input type="checkbox"/> Two or More Races
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Shirt Size  Youth Sm.  Youth Med.  Youth Lg.  Adult Sm.  Adult Md.  Adult Lg.  Adult XL  Adult 1XL  Adult 2XL

Does your child have any allergies or health issues?  No  Yes If yes, please explain: \_\_\_\_\_

Is your child prescribed any medication?  No  Yes if yes, what medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN INFORMATION

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*Unless otherwise noted, I agree that the REACH UP ESYI Program will use my cell number and e-mail to communicate important ESYI program information.**

Current Address: \_\_\_\_\_ Apartment/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

### ADDITIONAL/LEGAL GUARDIAN INFORMATION

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**\*Unless otherwise noted, I agree that the REACH UP ESYI Program will use my cell number and e-mail to communicate important ESYI program information.**

Current Address: \_\_\_\_\_ Apartment/Lot Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_





## SELF-CARE, SELF-RELEASE

Dear Parent/Guardian,

The REACH UP East Stuart Youth Initiative offers a Self-Care Self-Release policy option. This means, that youth can check themselves out of the program and The REACH UP East Stuart Youth Initiative will not be held liable for any member leaving the facility.

We have created this permission slip to help us know which children are expected to stay in the program and which ones have permission to come and go at will.

By signing **YES** to this permission slip, you are stating that your child has permission to leave at will. You are also stating that you understand your child is not being supervised during their time away. Once your youth is signed out of the program, they are not able to Sign back in, nor will staff be able to contact you to inform you that your child has signed out.

Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy.

Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy **ONLY** when walkers are dismissed from the program at 5:00 p.m.

Yes, my child is allowed to leave the program using the Self-Care, Self-Release Policy **ONLY** when I call to give permission and **verify youth Date of Birth**.

OR

By signing **NO** to this permission slip, you are stating that you do not want your child to leave the program until you pick them up. You are stating that your child will stay in the program because you say so, not because we do. You are also stating that if your child tries to leave that you understand that we will encourage your child to stay, but we cannot force him/her to stay. You also understand that we cannot be held liable if your child does leave without your permission. We will attempt to notify you if your child leaves without your permission.

No, my child is not allowed to leave the program until I or a designee picks them up

I have read and understand the information and I agree to adhere to all conditions.

**Print Parent/Guardian Name:** \_\_\_\_\_



**PARENT/GUARDIAN CONSENT & WAIVERS**

**Medical Treatment**

In the event that I cannot be reached in an emergency, I hereby give permission to the physician, and/or Hospital selected by the REACH UP East Stuart Youth Initiative staff to hospitalize, secure proper treatments for, to order injection, anesthesia or surgery for my child as named herein. In the event that my child, as named herein, should require basic first aid and/or minor treatments, as ordered by the REACH UP East Stuart Youth Initiative staff, I give permission for the health care professional to administer such aid or treatment for my child:

**Initial:** \_\_\_\_\_

**Parent/Guardian Release**

I, the parent/guardian of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the REACH UP East Stuart Youth Initiative, their representatives, successors, insurers, assigns or any other person or entity associated with the organization, such as staff, directors or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities of said organization either at or away from the program. I understand that the REACH UP East Stuart Youth Initiative is not responsible for lost or stolen items:

**Initial:** \_\_\_\_\_

**Off-Site Programming Release**

I, the parent/guardian of the minor child listed on this application, grant permission for my child to attend the REACH UP East Stuart Youth Initiative sponsored field trips as part of the normal day to day program and activity schedule. I understand that these trips may require vehicle transportation and include trips to the library, local parks, restaurants, local schools, golf courses, movie theater and other locations within Martin County, with the understanding that ample notice will be provided. Trips outside of Martin County may require separate permission forms:

**Initial:** \_\_\_\_\_

**Information Release**

I, the parent/guardian of the minor child listed on this application, do hereby give my child permission to attend and participate in activities sponsored by the REACH UP East Stuart Youth Initiative. I agree that the information provided here may be used by the funders, partners or affiliates of this program {e.g., Children's Services Council of Martin County} for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to the funders, partners or affiliates of this program may include information provided on this membership application form, information provided by the minor child's school or school district, and other information collected by the REACH UP East Stuart Youth Initiative, including data collected via surveys or questionnaires. All information provided to the funders, partners or affiliates of this program will be kept confidential:

**Initial:** \_\_\_\_\_

**Field Trips**

I, the parent/guardian of the minor child listed on this application, understand that field trips are an incentive-based opportunity, and my child must comply with all program rules and regulations to attend. I do understand that if my child does not follow the rules and regulations, they will not be allowed to attend the field trip.

**Initial:** \_\_\_\_\_

**Media Release**

Permission for member to be photographed and/or videotaped for promotional materials:

**Initial:** \_\_\_\_\_

I have read, understand, and will abide by all of the above. All information provided in this form is true and complete. I agree that any false or misleading representation or material omission may disqualify my child from participating in REACH UP East Stuart Youth Initiative programs:

\_\_\_\_\_ **Print Parent/Guardian Name**

\_\_\_\_\_ **Parent/Guardian Signature**

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



**DATES REGISTERED FOR:**  My child will attend all 10 weeks of the Summer Program, or which of the following weeks:

- May 31-June 3, 2022       June 6-10, 2022       June 13-17, 2022       June 20-24, 2022
- June 27-July 1, 2022       July 4-8, 2022       July 11-15, 2022       July 18-22, 2022
- July 25-29, 2022       August 1-2, 2022

**NAME OF YOUTH:** \_\_\_\_\_

**GRADE OF YOUTH:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_