



Renard Monroe  
415.349.2015

## 2026-27 After School Program Enrollment

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School Id # \_\_\_\_\_

School: \_\_\_\_\_ Gender: Female / Male Birth date: \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you currently working? Yes No if yes, place of employment \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents and Guardians, what languages do you speak? \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Other

Do the parents/ guardians speak English? Yes No Some English

Will your child require modifications to the Youth 1st after school program structure? Yes No

If yes, please explain \_\_\_\_\_

### **Emergency Contact**

Does your child have health insurance? Yes No

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group \_\_\_\_\_

Family Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

***In case of emergency and the parent or caregiver cannot be reached, please notify:***

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ email \_\_\_\_\_

**Please list any current medications, medical conditions, recent injuries, and food or drug allergies:**

### **Dismissal/Sign Out**

My child may be picked up by the following adults (list all names): \_\_\_\_\_

\_\_\_\_\_

***Please fill all of the information on the application and return it to the Program Director. A completed application is required for participation. Youth 1st welcomes all students regardless of their abilities or background.***

## Parent or Guardian Release

Parents and legal guardians, please read carefully, sign, and return this form to the YOUTH 1ST After School and Summer Program Director. A parent or legal guardian signature on this form is required to participate in the after school and summer program.

### **For Emergency Treatment**

I authorize YOUTH 1ST to arrange for transportation in case of accident or acute illness of the participant. In the event it is not possible to receive instruction for the participant's care, consent is given to any licensed physician for treatment. I allow the physician to administer medication and to perform necessary treatment for the preservation of the participant's health and well-being. I understand that any cost incurred for treatment of sudden illness or accident shall be paid by me. This authorization and consent for treatment is given to YOUTH 1ST in conjunction with any authorized event.

### **General Release of Liability**

In consideration for being allowed participant privileges in any program of YOUTH 1ST, I hereby assume full responsibility for any risk of bodily injury, death, or property damage and/or while using the premises or any facilities or equipment hereon. I further agree to hold harmless YOUTH 1ST, their partners, directors, officers, employees, agents, and volunteers from any and all claims that may result from any action for damages, including but not limited, to such claims that may result from injury or death, accident or otherwise, during or arising in any way from said activity. I acknowledge that this General Release of Liability of YOUTH 1ST and its partners is binding on me and not my heirs, personal representatives, successors, and assigns.

### **Community Field Trips**

The After School program will take short field trips on occasion that are within the SF community. We will always return by normal dismissal time, unless we notify you in advance. I give permission for my child to leave the program site with supervision from YOUTH 1ST Program partners, directors, officers, employees, agents, and volunteers. While taking part in these community field trips I release YOUTH 1ST from responsibility for any risk of bodily injury, death, or property damage as covered in the "General Release of Liability."

### **Media Release**

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any YOUTH 1ST activity for the business or publicity purposes of YOUTH 1ST and its partners. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout the United States and abroad.

I expressly release YOUTH 1ST, its licensees, assignees, affiliates and successors from any privacy, defamation, or other claims have arising out of broadcast, exhibition, publication, or promotion of this program.

- Please sign here if you **do not** agree to the Media Release \_\_\_\_\_

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

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