



REAP | Reaching and Empowering All People Student Enrollment Form – 2010/2011

STUDENT INFORMATION

Student's Last Name: _____ First Name: _____ MI: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Male

Female Date of Birth: ___/___/___ Age: ___ ID Number: _____ Grade: ___ School: _____

Number of Siblings: _____ Ages _____

Race: White African American Native Hawaiian or Pacific Islander Indian or Alaskan Native Asian

Multi-Racial Other: _____

Ethnicity: African Immigrant Hispanic/Latino Not Hispanic/Latino Slavic/Eastern European

Primary Language at home: English Spanish Chinese Russian Vietnamese Other:

Do you qualify for Federal Free or Reduced Lunch Program: Yes No

Are you involved in the Juvenile Justice System? Yes No

Do you receive services from the Department of Human Services? Yes No

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Student lives with: Both parents 1st Parent/Guardian 2nd Parent/Guardian Other: _____

1st Parent/Guardian: Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Employer _____

2nd Parent/Guardian: Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Employer _____

EMERGENCY CONTACTS:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

MEDICAL INFORMATION:

Important Medical/Disability Information _____

Insurance Company _____ Policy # _____

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PARENT/GUARDIAN PERMISSION TO PARTICIPATE & ACKNOWLEDGMENT OF RISK:

I hereby give permission for my child to participate in REAP. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the program activities. As the child's parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expense thereof.

I understand that my child will be required to follow instructions and abide by program rules and expectations. I understand that REAP reserves the right to refuse to allow my child to participate in part or all the activities if they are determined to be incapable of participating safely and respectfully. REAP also reserves the right to expel students due to behavioral concerns.

As further consideration for my child's participation in REAP, I (for myself and my spouse {if any} and on behalf of my child) do hereby fully and forever waive and release REAP from each and every claim, suit, action or cause of action of any kind or nature that may arise or be ascribable in any way whatsoever relating to my child's participation in REAP, and further, I shall fully and forever defend, indemnify and hold harmless REAP from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my child's participation in REAP.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child and me during the entire period of participation in REAP.

Parent/Guardian Name
(please print): _____

Parent/Guardian Signature: _____ Date: _____

REAP Release of Information & Publication

By enrolling your child in REAP activities, I understand that I am authorizing the release of student school records to REAP employees. This information includes student name, student ID number, grade level, achievement test scores, course grades, transcripts, attendance, and behavior/discipline data.

Furthermore, I am authorizing the release for publication any photos, film or videotape of my child participating in REAP activities.

Parent/Guardian Signature: _____ Date: _____