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Form entered by: _____	Date: _____
Fee collected by: _____	Date: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	

2020-2021 STUDENT REGISTRATION FORM

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender (optional, fill in the blank): _____

Grade: _____ School: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Student Email: _____

PARENT/GUARDIAN INFORMATION (NOTE: We must have complete information for at least one parent/guardian.)

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Other Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

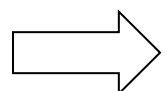
Medications/Conditions: _____

Allergies: _____

Primary Doctor: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician; and 2) the transfer of the teen to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____ Date: _____



DEMOGRAPHICS (This section must be completed. It is necessary for the funding our organization receives. All information is kept confidential.)

Ethnicity	Household Income	Member Lives With (check all that apply):	
<input type="checkbox"/> Black	<input type="checkbox"/> \$0-\$12,499	<input type="checkbox"/> Both Parents	Number of individuals in household: _____
<input type="checkbox"/> White	<input type="checkbox"/> \$12,500-\$16,999	<input type="checkbox"/> Mother	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> \$17,000-\$21,499	<input type="checkbox"/> Father	Teen qualifies for free/reduced lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Latino	<input type="checkbox"/> \$21,500-\$25,999	<input type="checkbox"/> Step Mom	
<input type="checkbox"/> Asian	<input type="checkbox"/> \$26,000-\$30,499	<input type="checkbox"/> Step Dad	Language spoken at home: _____
<input type="checkbox"/> Native-American	<input type="checkbox"/> \$30,500-\$34,999	<input type="checkbox"/> Grandparent(s)	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> \$35,000-\$39,499	<input type="checkbox"/> Guardian(s)	
<input type="checkbox"/> Other	<input type="checkbox"/> \$39,500-\$43,999	<input type="checkbox"/> Foster Family	
	<input type="checkbox"/> \$44,000 +	<input type="checkbox"/> Other	

PHOTO RELEASE:

Yes No I give my permission for EDGE Teen Center to use photos and/or videos that include my student on its social media sites and website, and in publications, printed materials and local media.

ACADEMICS:

Yes No I give permission for my teen to access his/her Home Access Center (HAC) account while in the presence of EDGE Teen Center staff/adult volunteers. I also give EDGE Teen Center and my child’s school district permission to exchange information regarding the minor child listed on this registration form. The purpose of this exchange is to help both organizations more effectively support the teen’s academic goals.

BEHAVIORAL HEALTH:

A licensed counselor from Focus On Youth is at EDGE Teen Center weekly to lead small groups. They will also offer free individual counseling for teens who may need support dealing with life stressors, but a signed consent form must be on file for a teen to use this service.

_____ I have completed the attached “consent for treatment” counseling form.

SIGNATURES NEEDED:

TEEN - CODE OF CONDUCT AND COVID-19 PRECAUTIONS

By signing below, I (student) acknowledge that I:

- 1) Have reviewed the *EDGE Teen Center Code of Conduct* and agree to abide by it. This document can be found online at www.edgeteencenter.com at the top of the Enroll & Pay Fees page.
- 2) Agree to familiarize myself with and follow all *COVID-19 Protocols* while at the center, which include the wearing of a mask at all times while inside the center and maintaining a space of 6 feet from others at all times.

Student Signature: _____

Date: _____

PARENT SIGNATURE

By signing below, I (parent/guardian) give my student permission to attend EDGE Teen Center’s after-school program. I acknowledge that I have reviewed and agreed to both EDGE’s *Code of Conduct* and the *Covid-19 Special Permission & Waiver of Liability Form* regarding my student’s participation. I also understand that the annual fee for the after-school program is **\$60 annually**, which is due in full on Friday, August 28. If I am unable to pay in full by that date, I agree to contact meagana@edgeteencenter.com to receive a financial assistance form.

Parent/Guardian Signature: _____

Date: _____



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COVID-19 Special Permission & Waiver of Liability Form

Acknowledgment and Agreement to Comply with COVID-19 Protocols. I acknowledge that COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing, face coverings, and other measures as a means to prevent the spread of the virus. I understand the hazards of COVID-19, and am familiar with the State of Ohio and the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I also acknowledge EDGE Teen Center (“EDGE”) has put in place preventive measures to reduce the spread of COVID-19. I accept full responsibility for familiarizing myself and my teen with all such state and federal laws, directives, guidelines, and EDGE preventative measures (the “COVID-19 Protocols”), and agree we will comply with all of their requirements, including, without limitation, any requirements related to hand sanitization, social distancing, and face coverings. I agree to notify EDGE immediately if my teen experiences any symptoms of COVID-19 (such as cough, shortness of breath, or fever), has a confirmed or suspected case of COVID-19, or has come in contact in the last 14 days with a person who has been confirmed or suspected of having COVID-19. I acknowledge that EDGE reserves the right to remove any and all persons from any EDGE facilities or activities that may be observed not adhering to all the COVID-19 Protocols.

Despite the COVID-19 Protocols, EDGE cannot guarantee that you or your teen will not become infected with COVID-19. Further, attending and participating in EDGE could increase your risk, your teen’s risk, and the risk of others of contracting and transmitting COVID-19.

Voluntary Assumption of Risk. By signing this agreement, I agree to ASSUME ALL RISKS associated with my teen’s attendance at and participation in EDGE, including but not limited to all risks of contracting and transmitting COVID-19. I acknowledge the highly contagious nature of COVID-19, and assume the risk that my teen may be exposed to or infected with COVID-19 by attending and participating in EDGE. I acknowledge that such exposure or infection may result in personal illness, injury, permanent disability, and possibly death. I understand the risk of being exposed to or infected by COVID-19 at EDGE may result from the actions and omissions of my teen, myself, and others, including but not limited to, EDGE employees, volunteers, agents, and other program participants and parents/guardians.

Voluntary Waiver, Release, and Agreement to Indemnify. I agree to RELEASE, WAIVE, FOREVER DISCHARGE, HOLD HARMLESS, and AGREE NOT TO SUE EDGE and all of its directors, officers, employees, volunteers, and agents, as well as other program participants and their parents/guardians (collectively the “EDGE Releasees”), from any and all liability, claims, and demands of whatever kind or nature, in law or in equity, which arise or may hereafter arise from my teen’s attendance at and participation in EDGE. This RELEASE and WAIVER includes, but is not limited to, any injuries, illness, or damages of any nature sustained by my teen, including without limitation personal injury, illness, permanent disability, or death arising from the direct or indirect exposure to or contracting of COVID-19 or any other contagious or infectious disease or virus. I further agree to INDEMNIFY, DEFEND and HOLD HARMLESS the EDGE Releasees, both collectively and individually, from any and all liability, claims, and demands of whatever kind or nature, in law or in equity, which arise or may hereafter arise from my teen’s attendance at and participation in EDGE. It is my intention that this release, waiver, and agreement to indemnify is as broad and inclusive as permitted by the laws of the State of Ohio.

Parent/Guardian Signature _____ Date _____

Participant Name(s) (please print) _____ Signature(s) _____



CONSENT FOR TREATMENT: COUNSELING

This form will provide consent for Focus on Youth, Inc. to provide counseling services on an as-needed basis, and as space and capacity allows, on-site at EDGE Teen Center for:

Full Name of Participant:			
DOB:		Gender Identity:	
Address of Participant			

- I understand that this service is being funded by grants from *The Spaulding Foundation and Else Sule Foundation*, which means insurance or other fees will not be collected.
- I understand this counseling does not replace the need for more intensive treatment and does not include a formal psychiatric or diagnostic evaluation.
- I understand that licensed clinicians are mandated reporters, which means any suspicion of abuse or neglect is required to be reported to the appropriate authorities.
- I understand that if my child presents with risk of harm to self or others that reasonable steps will be made to contact the caregiver(s) listed on this form.

Caregiver Contact Information

Name of Caregiver:		Relationship to Participant:	
Phone #:	Alternative Phone #:		
Address of Caregiver	<input type="checkbox"/> same as above		

Name of Caregiver:		Relationship to Participant:	
Phone #:	Alternative Phone #:		
Address of Caregiver:	<input type="checkbox"/> same as above		

I have read and understand the above information. I consent for my child to participate in counseling provided on an as-needed basis, and as space and capacity allows, on-site at EDGE Teen Center.

Printed name of Legal Guardian

Signature of Legal Guardian

Date

Printed name of Legal Guardian

Signature of Legal Guardian

Date