



OFFICE USE ONLY	
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## 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

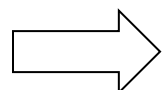
Medications/Conditions: \_\_\_\_\_

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: \_\_\_\_\_





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**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](http://www.edgeteencenter.com) at the top of the Enroll & Pay Fees page.
- 2) Agree to follow EDGE’s COVID-19 Precautions/Rules 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 both EDGE’s *Code of Conduct* and the *Covid-19 Special Permission form*



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regarding my student's participation. I understand that the fee for any teen enrolling at EDGE Teen Center for the spring semester of the 2020-2021 academic school year is waived. I also understand that space is limited, and registration will close in the event that daily attendance at EDGE Teen Center is too high according to Ohio COVID safety regulations.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## COVID-19 Special Permission & Waiver of Liability Form

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus.

EDGE Teen Center ("EDGE") has put in place preventive measures to reduce the spread of COVID-19; however, EDGE cannot guarantee that you or your teen will not become infected with COVID-19. Further, attending EDGE could increase your risk and your teen's risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by attending EDGE, and 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, omissions or negligence of my teen, myself, and others, including but not limited to, EDGE employees, volunteers and program participants and parents.

I agree to release, waive, discharge and covenant not to sue EDGE Teen Center for any injuries, illness, or damages sustained by my child. I further agree to assume all risks associated with my child's participating in EDGE Teen Center. I agree to indemnify, defend and hold harmless EDGE, both collectively and individually, in addition to its directors, employees and volunteers from any and all liability actions, causes of actions, debts, claims and demands of every kind and nature whatsoever which may arise as a result of my child's attendance at EDGE Teen Center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of teen attending EDGE \_\_\_\_\_



**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

