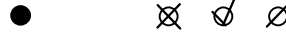


PROGRAM REGISTRATION FORM
Forma De Registracion Del Programa



3387

Correct/Correcto Incorrect/Incorrecto



Please use a black or blue pen. Fill response bubbles completely /
 Use lapicero con tinta azul o negro. Rellene los círculos completamente.

Please enter your responses in PRINTED CAPITAL LETTERS OR NUMBERS without touching the sides of the boxes / Escriba solamente con letras mayúsculas sin tocar las orillas.

1	2	3	A	B	C
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Program Year: 2020/2021

Child's First Name/Nombre

Child's Middle Name/Segundo Nombre

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Child's Last Name/Apellido

Date of Birth/ Fecha de Nacimiento:

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Address/Direccion: Street/Calle

SEX/SEXO:

M F

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City/Ciudad:

Zip Code/Codigo Postal

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Grade the child will be in the 2020/2021 school year/El grado del próximo año escolar de su hijo(a)

K 3 6 9 12
 1 4 7 10
 2 5 8 11

School/ Escuela:

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Child's Ethnicity and Race / Origen etnico de el menor y raza

Race (check one or more regardless of race) / Raza (marque uno o mas que uno sin tomar en cuenta la raza):

- American Indian or Alaskan Native/India americana o nativa de Alaska
- Native Hawaiian or Other Pacific Islander/asiática/isleña del Pácifico
- Black or African American/Negra o africana americana
- Hispanic or Latino/Hispanic o Latino
- Asian/Asiático
- White/Blanco
- Other/Otro

CHILD IS LIVING WITH/Hijo(a) vive con:

Mother/Madre Father/Padre Both/Ambos Other/Otro

Mother/Madre - First Name/Nombre

Day Phone/Teléfono de Día

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Last Name/Apellido

Eve Phone/Teléfono de Noche

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Father/Padre - First Name/Nombre

Day Phone/Teléfono de Día

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Last Name/Apellido

Eve Phone/Teléfono de Noche

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Household or Work email address/Correo electronico:

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Mother's place of work/Empleador de Madre:

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Father's place of work/Empleador de Padre:

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OTHER ADULTS WHO CAN PICK UP MY CHILD, OR MAY BE CONTACTED IN CASE OF EMERGENCY:

Otros adultos que pueden recoger a mi niño/a, o que podemos llamar en caso de emergencia:

Name/Nombre	Relationship/relación	Day Phone/ Tel. De Día	Evening Phone/ Tel. De Noche

**** A PHOTO I.D. MAY BE REQUIRED OF ANY ADULT ATTEMPTING TO PICK UP YOUR CHILD****

**** Identificación será requerida de cualquier adulto que recoge a su niño/a****

PARENT/GUARDIAN SIGNATURE

Firma de Padre o Tutor Legal

DATE

Fecha

		/			/		
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If your child is not picked up on time and no adult can be reached by telephone, staff is instructed to notify the local Police Department. / Si su niño no es recogido a tiempo y ningún adulto puede ser localizado por teléfono, el personal ha sido instruido para que notifique al Departamento de Policía local.

For Office Use Only / Para uso de oficina

Site ID:

Student ID (must include last 3 digits for LAUSD):

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- Medical & Liability Included
- Registration Fee Included (GSD)



MEDICAL AND PARTICIPATION INFORMATION

Información Médica y de Participación

For Office Use Only/ Para uso de oficina Site:

CHILD'S NAME/Nombre: _____ BOY/Niño GIRL/Niña
(Last/APELLIDO) (First/NOMBRE) (Middle Initial/Segundo Nombre)

DATE OF BIRTH/ Fecha de Nacimiento: ____/____/____ SCHOOL/Escuela: _____ TRACK/Carril: _____ GRADE/Grado: _____

MEDICAL RELEASE/Permiso Médico

INITIALS/ Iniciales _____ 1. YES/SI NO My child takes medication (prescription and non-prescription). **Mi hijo/a toma medicina (con ó sin receta).**
➤ Woodcraft Rangers after school staff DO NOT dispense medications to children. Parents must make their own arrangements to dispense medicines to their children. **El personal de Programas Despues de Escuela de Woodcraft Rangers NO LES DISTRIBUYE las medicinas a niños. Los padres deben hacer sus propios arreglos para distribuir las medicinas a sus niños.**

INITIALS/ Iniciales _____ 2. I hereby give permission to the physician selected by Woodcraft Rangers to render medical treatment in case of emergency. Authorization is given pursuant to provisions of Section 25.8 of the California Civil Code. It is understood that while this authorization is given in advance of any specific diagnosis, treatment, or required hospital care, it will provide authority and power to the after school staff to give consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. This authorization shall remain effective throughout participation in the after school program unless revoked in writing and delivered to the Program Manager. I hereby represent and warrant that all personal, health and medical information provided in all Woodcraft Rangers forms with my signature is accurate, and that all immunizations, including Tetanus, are current. I further certify that I have legal custody of this child, or, if I have joint custody, that I have notified the other custodians/parents that this child has been enrolled in Woodcraft Rangers After School Program. **Yo autorizo al médico seleccionado por el programa después de escuela a que preste atención medica en caso de emergencia.** También doy mi autorización relacionada a la Sección 25.8 del Código Civil de California. Entiendo que esta autorización se está dando antes de que se haya hecho ningún diagnóstico específico, ni se ha requerido tratamiento u atención médica en un hospital, pero se da con el fin de proporcionar autoridad y poder al Coordinador del programa a que de su consentimiento específico a cualquier, o a todos los diagnósticos, tratamientos, o atención médica en el hospital que el doctor arriba mencionado considere necesario después de haber usado sus conocimientos y experiencia en el diagnóstico. Esta autorización permanecerá en efecto por la duración de la sesión del programa después de escuela a menos que sea revocada por escrito y entregada al Coordinador del programa. Certifico y garantizo que toda la información proporcionada es exacta y que todas las vacunas, incluyendo la del tétano, están vigentes. Yo declaro que tengo custodia legal de este niño/a, o que si tengo custodia mutua le he notificado a todos los tutores legales/padres que este niño/a ha sido inscrito en el Programa Después de Escuela de Woodcraft Rangers.

MEDICAL PROVIDER AND INSURANCE INFORMATION/ Proveedor Médico e Información Sobre La Aseguranza	
MEDICAL INSURANCE PROVIDER NAME Nombre de Proveedor Médico _____	POLICY # -OR- MEDICAL # Poliza # -or- Medical # _____
PHYSICIAN'S NAME/Nombre del Doctor _____	PHONE NUMBER/Número del Tel. _____
Food or Medical Allergies/ Alergias de Medicacion o comida _____	

PARTICIPATION RELEASE/Permiso Participación

INITIALS/ Iniciales _____ 1. I hereby give permission to Woodcraft Rangers to photograph, videotape, and record my child's voice, knowing that any materials are the sole property of Woodcraft Rangers and their contractual partners, and may be used for displays to the public or fund raising events or printed material published by Woodcraft Rangers and their contractual partners. **Yo doy permiso a Woodcraft Rangers para fotografiar, filmar, y grabar la voz de mi niño/a.** Cualquier material es propiedad de Woodcraft Rangers y sus socios contractuales, y puede ser usado como propoganda al público en eventos de recaudación de fondos monetarios o para imprimir el material publicado por Woodcraft Rangers y sus socios contractuales.

INITIALS/ Iniciales _____ 2. I hereby give permission for the School to release any and all confidential school records to Woodcraft Rangers and to agencies associated with Woodcraft Rangers for purposes of assessment and evaluation for the betterment of my child's academic and social success and the effectiveness of Woodcraft Rangers after school program. **Yo doy mi autorización a la escuela para que facilite cualquier tipo de información tanto general como confidencial contenida en el expediente escolar al personal de Woodcraft Rangers y otros Agencias asociadas, con el propósito de asesoramiento y mejoramiento académico y la eficacia de Woodcraft Rangers después de la escuela social de mi hijo/a.**

INITIALS/ Iniciales _____ 3. I hereby give permission for my child to participate in activities or surveys designed to evaluate the effectiveness of Woodcraft Rangers. **Por la presente autorizo a mi hijo a participar en actividades o encuestas destinadas a evaluar la efectividad de Woodcraft Rangers**

INITIALS/ Iniciales _____ 4. I hereby give permission for my child to participate in all Woodcraft Rangers Field Trips. A notice will be sent home with your child at least 1 week in advance regarding the date, times, and location of the field trip. **Yo doy permiso para que mi niño/a pueda participar en todas las excursiones de Woodcraft Rangers.** Un aviso será enviado a casa con su hijo al menos 1 semana de antelación respecto a la fecha, hora, y lugar de la visita de campo.

INITIALS/ Iniciales _____ 5. I understand that there is an assumed risk of injury in all after school activities. I hereby waive all claims against Woodcraft Rangers and their contractual partners for any injury or damage to any person or property on and off the school premises by or from any cause whatsoever including the after school program's negligence. I agree to hold Woodcraft Rangers and their contractual partners free from any liability or responsibility for damages arising from any injuries to my child or any property owned by my child. **Yo entiendo que hay un riesgo de accidentes asumido en todas las actividades después de escuela.** Yo por la presente renuncio a todo reclama contra Woodcraft Rangers y sus socios contractuales por cualquier herida o daño a cualquier persona o a la propiedad en y del local de la escuela por cualquier causa inclusive la negligencia del programa después escuela. Concuerto en tener a Woodcraft Rangers y sus socios contractuales liberse de cualquier responsabilidad o responsabilidad para daños que surgan de cualquier herida a mi niño/a o cualquier propiedad poseidos por mi niño.

My child MAY PARTICIPATE in all after school activities. **Mi hijo/a PUEDE PARTICIPAR en todas las actividades del programa.**

My child MAY NOT participate in/Mi hijo(a) NO PUEDE participar en _____
➤ I understand that after school staff will do their best to find a substitute activity for my child. **Yo entiendo que el personal del programa después de escuela encontrará otra actividad para mi hijo/a.**

I attest that I have completely reviewed, understand, and agree to all information on this document.
Yo atestigo que he revisado completamente, entiendo, y estoy de acuerdo con toda información en éste documento.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
Firma de Padre o Tutor Legal _____ Fecha _____



**RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services, programs, equipment and activities of the **WOODCRAFT RANGERS** for any purpose, including but not limited to observation of or use of the facilities, services, programs, equipment, activities, and participation in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS**, the undersigned, for himself or herself or such children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering any premises owned, operated, leased, rented, or used in any manner by **WOODCRAFT RANGERS** and such affiliated programs or participating in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS**, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the facilities, services, programs, equipment, activities of the **WOODCRAFT RANGERS** or use of the facilities, services, programs, equipment, activities and participation or observation in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS** and such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FUTURE CONSIDERATION OF BEING PERMITTED TO ENTER ANY PREMISES OWNED, OPERATED, LEASED, RENTED, OR USED IN ANY MANNER BY WOODCRAFT RANGERS AND SUCH AFFILIATED PROGRAMS OR PARTICIPATING IN ANY ON-SITE OR OFF-SITE PROGRAM RUN BY FOR OR AFFILIATED WITH THE WOODCRAFT RANGERS FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES, EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE WOODCRAFT RANGERS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1. THE UNDERSIGNED** understands that the participation or observation of any activities, services, programs, equipment and facilities, naturally involves some risk of injury to you and/or your guest whether your or someone else cause it. As such I and my children understand and voluntarily accept this risk.
- 2. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE WOODCRAFT RANGERS** its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personnel representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property including, without limitation, personal bodily or mental injury, economic loss or resulting in death of the undersigned or such children, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the **WOODCRAFT RANGERS**.
- 3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about any premises owned, operated, leased, rented, or used in any manner by **WOODCRAFT RANGERS** and such affiliated programs or participating in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS** or in any way observing or using any facilities, services, programs, equipment and activities of any program affiliated with the **WOODCRAFT RANGERS** whether caused by the negligence of the releases or otherwise.
- 4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGES** due to the negligence of releasee or otherwise while in, about or upon any premises owned, operated, leased, rented, or used in any manner by **WOODCRAFT RANGERS** and such affiliated programs or participating in any on-site or off-site program run by for or affiliated with the **WOODCRAFT RANGERS** and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with **WOODCRAFT RANGERS**.

THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THE FOREGOING RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

DATED

PARENT NAME

STUDENT NAME

PARENT / APPLICANT SIGNATURE