

The City of
Yucaipa

2020-2021



“S.T.A.R.S.”

BEFORE & AFTER SCHOOL
ENROLLMENT FORM 2020/2021
INLAND LEADERS CHARTER
SCHOOL



YUCAIPA "S.T.A.R.S." BEFORE & AFTER SCHOOL ENROLLMENT FORM, ILCS 2020-2021

PARTICIPANT INFORMATION

Student's (FULL LEGAL) Name: _____ Male Female
Last First

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

Date of Birth: _____ School: _____ Current Grade: _____

Mother/Guardian(s) Name: _____
Last First

Email: _____

Cell Number: _____ Alt. Number: _____

Father/Guardian(s) Name: _____
Last First

Email: _____

Cell Number: _____ Alt. Number: _____

Custody Information:

Is there a separation, divorce or custody concern of which our staff should be aware? Custody Agreement: YES NO
If yes, please provide a copy of the CERTIFIED agreement to STAFF.

EMERGENCY CONTACT

1. Name: _____ Relationship: _____
Cell Number: _____ Alt. Number: _____

2. Name: _____ Relationship: _____
Cell Number: _____ Alt. Number: _____

3. Name: _____ Relationship: _____
Cell Number: _____ Alt. Number: _____



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TRANSPORTATION

Please list the names of the persons authorized to pick up your student from the program. Must be 18 YEARS OF AGE and present VALID ID EVERY DAY.

1. Name: Relationship: Parent/Guardian
Cell Number: Alt. Number:

2. Name: Relationship: Parent/Guardian
Cell Number: Alt. Number:

3. Name: Relationship:
Cell Number: Alt. Number:

4. Name: Relationship:
Cell Number: Alt. Number:

5. Name: Relationship:
Cell Number: Alt. Number:

6. Name: Relationship:
Cell Number: Alt. Number:

Parent/Guardian Signature: Date:

MEDICAL INFORMATION

Special Needs: YES NO

If yes, please explain:

Doctor's Name: Hospital: Contact Number:

Existing Medical Conditions or Allergies:



YUCAIPA “S.T.A.R.S.” BEFORE & AFTER SCHOOL ENROLLMENT FORM, ILCS 2020-2021

Non-Discrimination Policy: The City of Yucaipa and Inland Leaders Charter Schools prohibits unlawful discrimination in its programs, activities, and practices based on actual or perceived race, color, ancestry, national origin, ethnic group identification, age, religion, marital or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity, or gender expression; or on the basis of a person’s association with a person or group with one or more of these actual or perceived characteristics.

LIABILITY WAIVER

City of Yucaipa Release of Medical, Liability, and Assumption of Risk

Student’s (FULL LEGAL) Name: _____

I, _____ on behalf of myself or _____ my minor(s), hereby waive in advance any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heir, or other successors as a result of my participation in any activity, or activities incidental there to (hereafter referred to as the “activity”) sponsored by the City of Yucaipa. This is intended to release and hold harmless the City of Yucaipa and its elected officials, officers, employees, contractors, and agents. I understand that I must be in good health prior to participation in the activity. I understand that serious accidents occasionally occur to students during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume those risks and agree to under no circumstances will I, or any of my heirs or successors, present any claims or actions against the City of Yucaipa. I also agree to be photographed, and or agree to have my student photographed, and release the use of the photographs for publicity of the City of Yucaipa publications and other public information material.

By signing below, I hereby represent that I understand and am familiar with the nature of the activities in which I (or my student) will participate in this recreation program. I personally read and understand this release. I give consent to The City of Yucaipa “S.T.A.R.S.” Before/After School Program to collect assessment data. I do hereby give permission for any certified professional or health care professional to administer any type of treatment he/she deems necessary to the above student in case of any emergency and in the case that I cannot be contacted.

Parent/Guardian Signature: _____ **Date:** _____

Inland Leaders Charter School Release of Medical, Liability, and Assumption of Risk

I, _____ on behalf of myself or _____ my minor child, hereby waive and release from liability the Inland Leaders Charter Schools, its directors, officers, employees, and agents (referred to as “releases”) from all liability for any and all actions or causes of action and claims for injury or property damage which I may have, or which may hereafter accrue to me, my heir, or other successors as a result of my participation in any activity, or activities incidental there to (hereafter referred to as the “activity”) related to the after school program. I understand that serious accidents occasionally occur to students during such an activity, transportation to or from such an activity, and during activities incidental to such an activity. Knowing these risks, I expressly assume full responsibility for and risk of bodily injury, death, or property damage to me or my student due to the negligence of releases, or otherwise while in the premises of Inland Leaders Charter Schools, and/or while using the premises of any facilities or equipment on such premises, or participating in the S.T.A.R.S. program.

Parent/Guardian Signature: _____ **Date:** _____



YUCAIPA "S.T.A.R.S." BEFORE & AFTER SCHOOL ENROLLMENT FORM, ILCS 2020-2021

CITY OF YUCAIPA COMMUNITY SERVICES DEPARTMENT ACTIVITY REGISTRATION FORM (One Participant Per Form)

Date _____

Participant Name _____ Birth Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Email Address _____

Full Address _____

Class ID Number	Class Name	Class Fee
<i>Varies, See Activenet for More Information</i>	<i>STARS Before and After School Program</i>	<i>Varies, See Activenet for More Information</i>

In consideration of the acceptance of my enrollment into the above event, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Yucaipa as a result of my participation in the event. This release is intended to discharge the City of Yucaipa, it's officers, officials, employees and volunteers, any other involved municipalities or public agencies from and against any and all liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of the negligence or carelessness on the part of persons or cities mentioned above. I further understand that accidents and injuries can arise out of the event; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who [through negligence or carelessness] might otherwise be liable to me [or my heirs or assigns] for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Activity Refunds: Full refund/credits are available for courses cancelled by the Department. If a credit is issued, it will be valid for one year from date of issue. There will be no prorating of refunds. Students requesting refunds will be subject to a \$10 service charge. Refund request must be received prior to the start of the second scheduled class. No refund requests will be accepted the completion of the class. COVID-19 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

While COVID-19 can cause mild symptoms in some individuals, it can lead to severe illness and even death in others. Adults over age 65 and people of any age with serious underlying medical conditions including, but not limited to, HIV, asthma and other respiratory conditions, and pregnancy, may be a higher risk for more serious complications from COVID-19.

The City of Yucaipa has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending community recreation programs could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by participating in City of Yucaipa activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in City of Yucaipa activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in this Program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

I hereby represent that I understand and am familiar with the nature and inherent risks associated with the activities in which I (or my child) will participate in this recreation program.

Parent/Guardian

Date