

**GATES COUNTY**  
**COMMUNITY PARTNERSHIP**  
*"Inspiring Service for Our Youth"*

**“ACTivate Futures - Gates” Registration Form**

Rising 11<sup>th</sup> and 12<sup>th</sup> Grades  
 June 24, 2024 – June 28, 2024

**Personal Information**

Child's Full Name:		
Name of First Parent or Legal Guardian:		
Name of Second Parent or Legal Guardian:		
Email Address (Child):		
Email Address (Parent):		
Mailing Address:		
Daytime Phone Number:		
Alternate Phone Number:		
Child's grade for 2024-2025 school year (next year):		
Current GPA		
Does your child qualify for free or reduced lunch?		
Child's T-shirt size:	<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Large <input type="checkbox"/> Adult Extra Large <input type="checkbox"/> Adult XX Large

**Please fill out the following Health and Safety and Demographic information if you feel comfortable doing so.** This information has no bearing on an individual's eligibility to participate in the **ACTivate Futures - Gates** program. The Health and Safety Information is so that our staff can best address your child's needs while he or she is in the program. The Demographic Information is for evaluation and reporting purposes only.

**Health and Safety Information**

Does your child have any allergies? (If so, please answer the next 3 questions also).	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Please list allergies and associated reactions:	
B. Do any of your child's allergies cause an anaphylactic (i.e., life-threatening) reaction? If so, which?	<input type="checkbox"/> Yes, the following allergies are life-threatening to my child: _____ <input type="checkbox"/> No
C. Is an Epi-Pen needed? (If yes, you will need to provide the Epi-Pen for your child):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any physical and/or learning disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list your child's physical and/or learning disabilities:	
Does your child have any special needs or considerations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list your child's special needs or considerations:	

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**Demographic Information**

What is the gender of your child?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary
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How would you best describe your child? Choose as many as apply:	<input type="checkbox"/> African American/African <input type="checkbox"/> Caucasian/European <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Middle Eastern <input type="checkbox"/> South Asian/Indian <input type="checkbox"/> East Asian <input type="checkbox"/> Other
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If you selected "other" above, please specify:

Please print the authorized adults' names below:

<p><b>Authorized Adults</b></p> <p>A parent or guardian may authorize five total adult individuals (over 18 years of age) – to drop off and pick up their child. Parents/guardians listed at the top of this form are considered authorized adults. All authorized individuals should be prepared to present a valid government-issued photo form of identification to drop-off and/or pick-up a child from the program.</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>
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**Emergency Contact 1**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**Emergency Contact 2**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

## **RELEASE AND HOLD HARMLESS AGREEMENT**

### **Release and Hold Harmless Agreement**

As part of the consideration for my child's participation in the **ACTivate Futures - GATES** program, I hereby **release, hold harmless, and forever discharge *Gates County Community Partnership***, its employees and agents from any and all liability, claims, demands, actions, and causes of action whatsoever and to the furthest extent permitted by law, arising out of or related to any loss, property damage, or personal injury, that may be sustained by me or my child or to any property belonging to me or my child while my child is participating in the program and associated activities.

### **Acknowledgment of Risk**

I am fully aware of and understand the inherent risks and potential hazards associated with this program and associated activities, which may be both foreseen and unforeseen. The risks include, but are not limited to, condition of participants, travel, and actions of other people including, but not limited to, participants, volunteers, monitors, and producers of the activity. I acknowledge that my child's participation in the program and any activities or events offered or facilitated through the program is elected by me and not required. To the fullest extent permitted by law, **I fully acknowledge, understand, and voluntarily assume full responsibility for any and all risks of loss, damage, or personal injury, including death, and for any property damage** that may be sustained by me or my child as a result of my child's participation, whether caused by the negligence of ***Gates County Community Partnership*** or otherwise. My child must also follow all safety instructions at all times.

I agree to take all necessary precautions to prevent and reduce the risk of transmission of COVID-19 and to abide by relevant federal, state, and local public health standards and guidelines. I acknowledge and understand that ***Gates County Community Partnership*** may issue additional protocols and requirements from time to time to address relevant health risks, and, if issued, I agree to read and take all reasonable measures to comply with these additional requirements. I also acknowledge and understand that my and my child's compliance with these public health standards and guidelines, as well as any additional requirements issued by ***Gates County Community Partnership***, is a condition of my child's participation in the program and related activities. I further acknowledge and understand that repeated or willful failure to comply with these requirements may restrict or prohibit my child's continued participation in the program and related activities.

### **Consent for Medical Treatment**

In the event of illness or injury, and I hereby authorize staff, or other employees or agents of ***Gates County Community Partnership***, to obtain emergency medical treatment for my child at a local hospital as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of ***Gates County Community Partnership*** and staff to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I understand that staff will make reasonable efforts to notify me immediately should emergency treatment for my child become necessary. I also grant permission for emergency CPR to be administered to my child by a certified person should it become necessary.

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I \_\_\_\_\_, **(print name)** have read and I understand this document, **including the release and hold harmless portions of it**. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives. My electronic signature on this document shall carry the same force as a physical signature.

\_\_\_\_\_  
**Name of Student Participant** (print name)

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

## CONTRACT AND GENERAL POLICIES

### Completion of Forms

A completed and signed contract, release and hold harmless agreement, health and safety survey, and medical treatment consent **must be completed to finalize registration**. Forms must be completed according to the registration process.

### Grades PreACT Scores, and ACT Scores

I will grant *Gates County Community Partnership* timely access to my child's grades, PreACT, and ACT test scores (prior and future). These are needed to produce metrics/measurables on the effectiveness of **ACTivate Futures - Gates**.

### Surveys and Questionnaires

I will complete all surveys and questionnaires required by *Gates County Community Partnership* and the **ACTivate Futures - Gates** program. My child (participant) will complete all surveys and questionnaires required by *Gates County Community Partnership* and the **ACTivate Futures - Gates** program.

### College Tour

My child (participant) has permission to go on the overnight college tour associated with **ACTivate Futures - Gates**, leaving on June 27, 2024 and returning on June 28, 2024.

### Photo Consent

I hereby grant *Gates County Community Partnership*, the irrevocable right and permission to photograph or videotape my child's participation in the Program and to use the photograph(s) and/or videotaped image(s) in any and all brochures, publications, Internet websites, audiovisual presentations, promotional literature, advertising, or for any other similar purpose without compensation to me or my child. I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, and all plates, negatives, recording tape, and digital files shall remain the property of *Gates County Community Partnership*. I waive the right to approve the final product.

I hereby release and forever discharge *Gates County Community Partnership*, its agents, officers, and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy, appropriation of likeness, or defamation.

### Dismissal

*Gates County Community Partnership* reserves the right to dismiss a participant when the administrator deems dismissal necessary for the best interests of the program. In the case of behavior problems, *Gates County Community Partnership* will submit one verbal warning to the parent before dismissing any participant, unless the behavior in question endangers other participants, in which case a participant may be dismissed without a prior warning to the parent.

### Emergency Contacts

In the event of an emergency, staff will attempt to contact the parent or guardian using the contact information provided during the registration process. If a parent or guardian cannot be reached, staff will attempt to contact the emergency contacts provided on the registration form.

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**Drop-Off/Pick-Up Location and Process**

A parent or guardian may authorize seven total individuals – up to two parents and/or guardians listed as well as five other adult individuals (over 18 years of age) – to drop off and pick up their child. Parents/guardians and authorized individuals should be prepared to present a valid **government-issued photo form of identification** to drop-off and/or pick-up any child from the program.

If an authorized individual without valid identification or an unauthorized adult comes to drop-off and/or pick up a child, the parent and/or guardian will be contacted at the phone number that was provided during the online registration process in order to provide an alternative solution.

**The list of approved individuals is considered final at 12:00pm on the Thursday before the week of ACTivate Futures - Gates.** No further changes will be permitted after that time.

Your signature below indicates approval of the list of individuals you provided on your child's registration form for drop-off and pick-up, as well as any future changes you choose to make to that list.

I hereby warrant that I am the parent or legal guardian of \_\_\_\_\_ **(print student participant's name)** and that I am eighteen years old or more and competent to contract in my own name. I have read, understood & agree to the **Contract and General Policies**. I understand and agree that it is binding on myself, my child, our heirs, assigns, and personal representatives. My electronic signature on this document shall carry the same force as a physical signature.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**