



COMMUNITY YOUTH CENTER OF SAN FRANCISCO (CYC)

SUMMER REGISTRATION FORM

Staff Use Only

Received By: _____

Registration Paid: \$100 Date Rec: _____

Program Fee Paid: \$500 Date Rec: _____

CMS/EMS Entry Date: _____

APPLICANT / MINOR INFORMATION

First Name:		Last Name:		Date of Birth:
Address:			City & State:	Zip:
Grade in Fall 2018:	School Attending:			
Home Phone:		Youth Cell Phone:		Youth Email:

EMERGENCY CONTACT & AUTHORIZED PICK-UP

(1) Parent/Guardian First Name:		Last Name:		Relation to Minor:
Home Phone:	Work Phone:	Cell Phone:	Email:	
(2) Parent/Guardian First Name:		Last Name:		Relation to Minor:
Home Phone:	Work Phone:	Cell Phone:	Email:	

DEMOGRAPHIC INFORMATION

RACE/ETHNICITY <input type="checkbox"/> African American <input type="checkbox"/> Other Black: <input type="checkbox"/> Asian – Chinese <input type="checkbox"/> Asian – Filipino <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Japanese <input type="checkbox"/> Asian – Korean <input type="checkbox"/> Asian – Laotian <input type="checkbox"/> Asian – Thai <input type="checkbox"/> Asian – Vietnamese <input type="checkbox"/> Asian – Other: <input type="checkbox"/> Hispanic/Latino – Mexican/Mexican American <input type="checkbox"/> Hispanic/Latino – Central American <input type="checkbox"/> Hispanic/Latino – South American		<input type="checkbox"/> Hispanic/Latino – Caribbean <input type="checkbox"/> Hispanic/Latino – Other: <input type="checkbox"/> Middle Eastern – Arab <input type="checkbox"/> Middle Eastern – Iranian <input type="checkbox"/> Middle Eastern – Other: <input type="checkbox"/> Native American <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Pacific Islander – Guamanian <input type="checkbox"/> Pacific Islander – Hawaiian <input type="checkbox"/> Pacific Islander – Samoan <input type="checkbox"/> Pacific Islander – Tongan <input type="checkbox"/> Pacific Islander – Other: <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial/Multi-Ethnic <input type="checkbox"/> Other: <input type="checkbox"/> Declined to state		ENGLISH FLUENCY <input type="checkbox"/> Fluent <input type="checkbox"/> Somewhat Fluent <input type="checkbox"/> Not Fluent <input type="checkbox"/> Unknown / Unspecified PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Japanese <input type="checkbox"/> Khmer/ <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> American <input type="checkbox"/> Sign Language <input type="checkbox"/> Mandarin <input type="checkbox"/> Samoan <input type="checkbox"/> Tagalog <input type="checkbox"/> Toishanese <input type="checkbox"/> Vietnamese		GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender SPECIAL NEEDS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Unspecified HOUSING STATUS <input type="checkbox"/> Permanent/Stable Housing <input type="checkbox"/> Homeless - Transitional/ Supportive Housing <input type="checkbox"/> Homeless -Shelter/Emergency Housing <input type="checkbox"/> Homeless - Motel/Hotel <input type="checkbox"/> Homeless - Staying with Friends/Family/Doubled-up <input type="checkbox"/> Homeless - Unsheltered	
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MEDICAL INFORMATION

Health Insurance Company:	Policy/Group Number:	Doctor Name:	Doctor Phone:
Please list medical conditions (i.e. asthma, heart condition, allergies, seizures, diabetes, etc.):			
Please list name, dosage, and purpose of medications currently being taken by minor:			

END OF DAY ARRANGEMENTS

If your child requires early dismissal, an Early Release Permission Form must be submitted by parent/guardian to the Beacon. Please check all that apply:

My child walks or takes the bus home. I give permission for my child to sign themselves out.

My child will be picked-up each day and I give permission for my child to sign themselves out.

My child will be picked-up each day AND ONLY A PARENT/GUARDIAN may sign them out.



**COMMUNITY YOUTH CENTER OF SAN FRANCISCO (CYC)
LIABILITY RELEASE AND WAIVER AGREEMENT**

In consideration for permission to participate in Community Youth Center of San Francisco (CYC) programs and activities, each person signing below hereby stipulates and agrees:

1. ASSUMPTION OF RISK

I represent that I am physically sound and have medical approval to participate in CYC programs and related activities. I have recently sought and received a medical examination that determined that it is safe for me to participate. I shall promptly notify CYC in writing of any changes in my health that might call into question the appropriateness of me continuing to participate.

I VOLUNTARILY AND FREELY CHOOSE TO ASSUME ALL RISKS AND DANGERS, including the risk of injury or death that may be associated with, or result from, my participation.

2. RELEASE FROM LIABILITY

I agree, for myself and my heirs, to fully and forever discharge and release CYC, their officers, directors, agents and employees from any and all liabilities, claims, demands, actions and causes of action whatsoever whether known or unknown based upon any injuries, costs, loss of services, expenses, actions and causes of action whatsoever whether known or unknown based upon any injuries, costs, loss of services, expenses and any and all damage claims whatsoever, whether caused by their NEGLIGENCE or for any other reason, on the account of, or in any way resulting from, personal injuries, conscious suffering, death or property damage to myself or to any other person or property, in any way connected with my preparation or practice for, or participation in, the activities. I agree that this Liability Release and Waiver Agreement shall include my participation in any and all sports activities sponsored by the Releasees including, but not limited to, practice sessions, instructional sessions, activities directed by a coach or a team representative and/or promotion activities.

3. COVENANT NOT TO SUE

I agree, for myself and all my heirs, not to sue Releasees, not to initiate to assist the prosecution of any claim for damages or case of action which I or my heirs may have by reason of personal injury or death to participation or destruction to participant's property arising from Releasees' activities.

4. INDEMNITY AGREEMENT

I agree, for myself and my heirs, to indemnify and hold harmless the Releasees from any loss, claims, action, causes of action, or proceedings of any kind which may be initiated by me or by any other person, entity or organization, including demands, judgments, costs, loss of services, expenses, or reimbursement of counsel fees incurred by participant or by the Releasees from activities contemplated by this agreement. I give permission to Releasees to obtain on my behalf any emergency medical treatment. In case of sickness, accident or injury, Releasees have my express permission to secure, at my expense, such medical treatment as is deemed necessary in the sole discretion of Releasees.

5. CONTINUATION OF OBLIGATIONS

I agree, for myself and my heirs, that the above provisions, including ASSUMPTION OF RISK, RELEASE FROM LIABILITY, COVENANT NOT TO SUE & INDEMNITY AGREEMENT shall continue in full force and effect now and at all future times when participant is involved in the activities. In the event of any dispute or controversy arising with respect to this Release and Liability Agreement, its interpretation, application and/or extinction, said dispute or controversy will be resolved by binding arbitration proceedings conducted by the American Arbitration Association ("AAA") in San Francisco, California, pursuant to the commercial arbitration AAA rules then in effect.

6. CYC MEDIA RELEASE

CYC may from time to time, capture photographs and video of our participants at all related sponsor CYC activities in action. Therefore, we request that you agree with the terms of our media release. I hereby grant Community Youth Center of San Francisco the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits, pictures, videos or audio recordings of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever, as well as any publication thereof..

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ EACH OF THE ABOVE PROVISIONS AND FULLY UNDERSTAND AND AGREE WITH EACH PROVISION. I HAVE HAD THE OPPORTUNITY TO HAVE COUNSEL OF MY CHOICE REVIEW IT WITH ME. I HAVE READ AND FULLY UNDERSTAND AND ACCEPT EACH OF THE PROVISIONS OF THIS AGREEMENT. I HEREBY EXPRESSLY WAIVE THE PROVISIONS OF CALIFORNIA CIVIL CODE SECTION 1542 WHICH PROVIDES AS FOLLOWS: CERTAIN CLAIMS NOT AFFECTED BY GENERAL RELEASE. A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM, MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

I HEREBY UNDERSTAND AND AGREE that all rights under Section 1542 of the California Civil Code are expressly waived and that this Release releases all injuries, damages, or losses to the person and property, real or personal, whether known or unknown, foreseeable, unforeseeable, patent or latent, which she/he may have against another party or parties herein released. I hereby declare that I am over the age of 18, unless my guardian has signed below.

Signature of Participant: _____ PRINT Name of Participant: _____ Date: _____

IF UNDER AGE 18,
Signature of Parent/Guardian: _____ PRINT Name of Parent/Guardian: _____ Date: _____



**COMMUNITY YOUTH CENTER OF SAN FRANCISCO (CYC)
ENROLLMENT AND PROGRAM INFO**



ENROLLMENT INFORMATION

The CYC Aptos Beacon Center’s summer program offers community building, educational programs, arts and recreation, STEAM, enrichment classes, and many project based learning opportunities. In addition, CYC will collaborate with other community based organizations and service providers who will provide programs and services within our program. Please note they may require additional registration requirements.

All youth are welcome to enroll in our program, but priority enrollment will be given based on the following:

- Academic need: Identified by school or Beacon staff and teachers based on test scores, assessments, or grades.
- Commitment to attending full program as required.
- Social/emotional support: Identified by the school staff, teachers, SAP team, or social worker as a student who will benefit from the summer camp program.
- Foster and homeless youth; free/reduced lunch eligible youth.

PROGRAM FEES

This summer program has a co-payment fee structure. Our fee structure for summer 2019 is as follow:

Registration Fee: \$100.00 (Non-refundable and due with registration form.)
Program Fee: \$500.00 (Due with registration form and is non-refundable unless child is not accepted into program.)
Non-payment or late payment will result in cancellation of student’s slot in the summer program.

Please make all payments payable to **Community Youth Center of SF**. A \$25 bank fee will be charged for any returned payments.

There are a limited number of subsidized slots available to families who meet any of the below criteria.

Please check and provide verification if you qualify:

- The Program Co-payment Fee will be waived for a family that is eligible for free & reduced lunch. If you are eligible for free & reduced lunch, please provide a copy of your SFUSD free & reduced lunch document and attach it to this application. To apply or print a copy of the verification, you can visit:
<https://schoolmealapp.sfusd.edu/Register.aspx>
- The Program Co-payment Fee will be waived for a family of a child who is a homeless youth or for a child who is in foster care.

FINANCIAL ASSISTANCE

To ensure our programs are accessible to all families, financial assistance is available to qualifying families. To apply, please contact our office to complete the Financial Assistance Form and attach required income verification documents (i.e. IRS Form 1040 Adjusted Gross Income, pay stubs, or other qualifying verification).

APPLICATION DEADLINE

Registration will be open until full. Priority will be given to Aptos students until March 22, 2019.

CYC Aptos Beacon Center: 105 Aptos Avenue, San Francisco, CA 94127, Room 004 | Tel: 415-452-4648 | Email: beacon@cyccsf.org
 CYC Main Office: 1038 Post Street, San Francisco, CA 94109 | Tel: 415-775-2636 | Fax: 415-775-1345 | Website: www.cyccsf.org



Motivating Youth to Succeed
啟導青年 邁步向前

COMMUNITY YOUTH CENTER OF SAN FRANCISCO (CYC)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Our agency is supported by grants from the San Francisco Department of Children, Youth and Their Families (DCYF), SFUSD, and other CYC funders. As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF and other CYC funders. DCYF works in close partnership with the San Francisco Unified School District (SFUSD) and CYC. The data that we report to DCYF is also shared with SFUSD and other CYC funders.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF, SFUSD, CYC, and its funders for the purposes described above. The information that we report to our funders may include:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF, SFUSD and CYC funders will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

Restrictions: All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF, SFUSD and CYC funders, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

PHOTOGRAPHY AND MEDIA RELEASE

You or your child participates in a program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF), SFUSD, and other CYC funders. DCYF and CYC staff or contractors may on occasion visit this program to take photographs or videos for public information projects and program promotions.

The public information projects and program promotions aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families as well as showcase the work of CYC. Example projects include DCYF publications and exhibits, CYC newsletters, as well as the DCYF and CYC websites (<http://www.dcyf.org> and <http://www.cycsf.org>).

By signing this form, you authorize DCYF and CYC staff or contractors to take photographs or videos of program activities that may include images of you or your child and to use these photographs or video clips for the public information projects and program promotions described above.

By signing this form, you authorize and consent to both the Authorization for Release of Confidential Information AND Photography and Media Release as described above.

Signature of Participant: _____ PRINT Name of Participant: _____ Date: _____

IF UNDER AGE 18,
Signature of Parent/Guardian: _____ PRINT Name of Parent/Guardian: _____ Date: _____