



UNP Hartland Partnership Center Youth Program



The Youth Program is free for ages 6 – 18 years old and provides afterschool, summer, and weekend programs that build life skills through academics, arts, community, leadership, and health and wellness.

Please fill out completely for each child. All information provided is kept confidential.

Child Name: _____ Date of Birth: _____ Gender: Male Female

School: _____ Grade: _____ Teacher: _____

Ethnicity: Asian/Pacific Islander Black/African American Caucasian/White
 Hispanic/Latino Multi-Cultural Native American/Alaskan

Parent/Guardian(s) Name: _____ and _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone #: _____ Second Phone #: _____ Email: _____

Other languages (other than English) spoken at home: _____

EMERGENCY CONTACTS (Other than parent/guardian):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

People authorized to pick up child: _____

My child can walk home alone: YES NO

My child qualifies for free or reduced lunch program: YES NO

How did you hear about us?:

From a friend or family member Poster or advertisement UNP event
 Community event School Other _____

What other afterschool programs is your child enrolled in? (ie. Mountain View Afterschool program, Boys and Girls Club, Youth City, etc.)



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Transportation Information

Primary insurance coverage in the event of a vehicle accident is with the vehicle transporting the student. I understand that University Neighborhood Partners (UNP) and cooperating schools, agencies or businesses, and their employees, are not responsible for damage or personal injury as youth participants are transported to and from, or while they are at, designated program locations.

Medical Information

Please list any medical/mental condition(s) or food, drink, or environmental allergies that your child has that we should be aware of in working with your child:

Please name any medication your child is taking and the dosage and times:

Please list any dietary restrictions (non-allergy related):

In the event it becomes necessary for UNP staff in charge to obtain emergency care for my child, neither he/she nor UNP assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. *I authorize UNP employees and volunteers in charge of the students to obtain all necessary emergency care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment to my child.*

_____ **Please initial if permission is given.**

Please check below if permission is given:

- I give permission for my child to ride in buses, vans, cars, and bikes hired, rented, or driven by University of Utah/UNP staff or volunteers recruited by the program. (This includes transportation to site and/or field trips on or off site.)
- I give permission for my child to engage in outdoor activities in close proximity to the UNP Hartland Partnership Center and off site.
- I give permission for my child's name and/or picture to be used in films, videos, media releases, publications by funders, written information or brochures produced to promote the program and/or the work of University Neighborhood Partners (UNP).

I HAVE READ AND UNDERSTAND THIS FORM IN ITS ENTIRETY.

Signature of Parent/Guardian: _____ Date: _____

(PLEASE COMPLETE BOTH SIDES)

UNIVERSITY OF UTAH

**IMPORTANT: THIS IS A LEGAL DOCUMENT,
PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING.**

**MINOR PARTICIPANT INFORMED CONSENT & PARENT/GUARDIAN CONSENT
TO TREATMENT, WAIVER AND RELEASE FOR U OF U EVENT OR ACTIVITY**

This Agreement must be completed by the Participant and by Parent(s)/Legal Guardian in order to participate in the activities associated with this program.

Participant (print full name): _____

Program and/or Course: UNP Hartland Partnership Center Youth Program

Date(s) of Program/Course: August 26, 2019 – July 31, 2020

MINOR PARTICIPANT INFORMED CONSENT

I, the undersigned, am the Participant named above. I am familiar with the curriculum and the activities which take place in the UNP Hartland Partnership Center Youth Program at the University of Utah (the "Program"). I understand that such participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose me to illness, injury or death. Knowing of these risks, I freely and voluntarily participate in the Program.

I am also familiar with the rules of conduct and University policies relating to this Program. I agree to abide by the all of the operating procedures, including safety procedures outlined by the Program instructor, plus any directions given to me by an authorized University employee during the course of the Program.

(Signature of Minor Participant age 12-17)

PARENT/GUARDIAN CONSENT TO TREATMENT, WAIVER AND RELEASE

I _____ am the parent/guardian of the above named Participant who is under 18 years of age. I am familiar with the curriculum and the activities which take place in the above named Program and hereby give consent for the Participant to participate in the Program. I understand that participation in the Program can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program, which may expose the participant to illness, injury or death.

I state that Participant is free from any known heart, respiratory or other health problems that could prevent Participant from safely participating in any of the activities.

I hereby give my express consent in the event of injury for the University to obtain for the Participant any necessary emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I certify that participant has medical insurance (provide insurance information below) and otherwise agree to be personally responsible for costs of any emergency or other medical care that Participant receives. I agree to release, waive, covenant not to sue, and hold harmless the University, and all of their officers, employees and agents (collectively the "Releasees") from the cost of any medical care that Participant receives as a result of participation in the Program.

I further agree to release Releasees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of Participant's participation in the Program and excepting only such loss, damage or injury as may be caused by the sole negligence of any Releasee. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

I agree that the site of any lawsuit arising out of or related to participation in the Program shall be Utah and that this Agreement will be governed by and construed in accordance with the laws of the state of Utah, without application of any principles of choice of law.

I shall pay any attorney fees or costs incurred by the University in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

*The University of Utah is committed to protecting minors participating in University programs. If you, as a parent/guardian, have concerns about any misconduct in connection with the above named Event/Program, please contact the University's Office of Equal Opportunity and Affirmative Action at (801) 581-8365.

Signature of Legal Guardian and/or Parent of Participant

Date

Emergency Contact Name and Relationship to Participant

Phone Number

Participant has been advised to maintain health & accident insurance to cover the costs of treatment in the event of any injury or illness.

Participant's Insurance I.D. number and insurance carrier, carrier address and phone number:

