



THE HANGOUT

2021-2022 REGISTRATION PACKET

Please return the packet to the front office at your school.

Your student cannot attend the program without this packet being in our possession.

The Hangout will be geared towards outdoor experiential learning, life skills training, promoting social interactions between peers, academic enrichment, and providing individual development assistance to each individual youth. The Hangout is geared to serve youth grades 6th-8th grade. Our afternoon will have a semi-structured environment. The program hours are from 3:30pm-6:30pm. We will provide a snack for the youth during the day. If youth have special food allergies or needs, please let us know.

This entire packet must be completed and turned in for youth to attend. Youth with incomplete registration packets will not be accepted.

2021 REGISTRATION FORM

Student's Full Name: _____ Student's Current Age: _____

Current Grade: _____ School Attending: _____ Gender: _____

Date of Birth: _____ Weight: _____ Race: _____ Eye Color: _____ Height: _____

Parent/Guardian #1: _____ Parent/Guardian #1 Phone _____

Parent/Guardian #2: _____ Parent/Guardian #2 Phone _____

The majority of the time, student lives with: _____

Physical Address: _____

Mailing Address (if different): _____

E-Mail: _____

Parent/Guardian Signature: _____ Date: _____

RELEASE FORM

*I give blanket permission for my student to be transported in a van or activity bus to programs/field trips away from the building.

Yes No

*I give permission for my student to be photographed or videotaped for use in exhibits, displays, facebook, or news releases promoting the The Hangout Program.

Yes No

*I give The Hangout permission to authorize emergency care for my student in the event that neither I nor the family physician can be contacted immediately.

Yes No

*On rare occasions, an emergency requiring hospitalization and /or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his or her parents or guardians. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardians, the parent/guardian is asked to sign the release form below. In the event of injury or illness to my student, I hereby authorize The Hangout staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

Yes No

*I understand that in the event my student's behavior becomes a danger or a safety concern to his/her self, other participants or staff, I agree to pick my student up at that location immediately.

Yes No

*I give permission to any The Hangout staff to administer basic first aid including, but not limited to hydrogen peroxide, Neosporin, etc.

Yes No

* I agree to furnish the The Hangout Program a copy of any existing custody order or domestic violence protective order if there is one.

Yes No N/A

*I understand that by signing below I am agreeing to all of the above releases.

Parent/Guardian Signature: _____

Pick-Up: I give permission for the following person(s) to pick up my student and for them to serve as the emergency contact in the case neither parent or guardian can be contacted. If a student is to be picked up at the site, the student/ward will be signed out daily by the person responsible for pick up.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____

Medical Conditions: (Please check all that apply) This information is confidential, for use by the Program Director and your child's counselors only.

<input type="checkbox"/> Allergy requiring EPI-Pen	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Allergy not requiring EPI-Pen	<input type="checkbox"/> Physical handicaps	<input type="checkbox"/> High/low blood pressure
<input type="checkbox"/> Asthma	<input type="checkbox"/> Down syndrome	<input type="checkbox"/> Recent or recovering
<input type="checkbox"/> Headaches	<input type="checkbox"/> Seizures	<input type="checkbox"/> Autism
<input type="checkbox"/> Fractures or surgeries	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other

If you checked any of the boxes above, please give a brief description below:

****Please note: The Hangout /WAMY Community Action, Inc. staff are not permitted to administer medicine to students. Please contact the Program Director if your child requires medication during the day.

In the event that a participant needs minor medical care from The Hangout or more significant medical care from a qualified healthcare provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical conditions, The Hangout will make every effort to notify the parent/guardian, but the first priority may be providing care to the participant.

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born on _____. I authorize any adult(s) acting as agents (including official volunteers) or employees of The Hangout (WAMY Community Action, Inc.) and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations,, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. This consent shall be effective for one year from the date of the executions.

Custodial Parent/Guardian Signature: _____ Date: _____

Consent and Waiver of Liability

The Hangout periodically offers students the opportunity to participate in field trips to a variety of locations. Participation in field trips is completely voluntary. If you have questions regarding a field trip, please do not hesitate to contact the Program Director at 828-264-2421.

It is possible that your child could get injured or become sick while on a field trip. By signing this form, you acknowledge and accept such risks and agree that your child has your permission to participate in field trips during the course of the program.

In the event of illness, accident, or injury to your child during a field trip, The Hangout staff will take reasonable steps to contact you. If you cannot be contacted, you hereby grant The Hangout/WAMY Community Action, Inc. to seek medical care for your child. You shall bear the financial responsibility for such medical care.

Travel

Furthermore, you provide consent and authorization for your child to travel with The Hangout during field trips and other activities that require travel.

By granting permission for your child to attend travel outings you agree that The Hangout staff are in charge of these field trips and have the full right to regulate the behavior of your child and to terminate his/her participation in any trip by causing him or her to return home prematurely, at your expense, should your child fail to abide by the reasonable direction of the The Hangout. By signing this form you understand that there are certain risks that inherent in participation in certain activities that are beyond the control of the participant or WAMY Community Action, Inc, and that immediately prior to any participation you have the opportunity to inspect the vehicles and talk to the drivers and staff and have the choice whether or not to participate in said activity which requires travel.

Waiver of Liability

By signing this form, you voluntarily release and forever discharge WAMY Community Action, Inc/The Hangout and their officers, directors, employees, staff, and agents, generally from all claims, causes of action, damages, liabilities arising out of, or in any way related to, your child's experience while on the property of 358 Beech Street, Newland, NC, or on any of the program field trips, or in the course of travel.

Family Handbook

By signing this form, you acknowledge that you have received and read a copy of the 2021 Family Handbook. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the policies.

Custodial Parent/Guardian Signature: _____ Date: _____

Transportation Release Form

Transportation FROM school to the program location:

Name of student: _____

School: _____

Days of the week needing transportation: (circle any that apply)

Monday

Tuesday

Wednesday

Thursday

Occasionally, we will provide field trips on Friday afternoons. Please indicate below if you would like your student to receive transportation from school to the program on these select Fridays each month.

_____ Yes, I would like my student to receive transportation on Friday's when the program has a field trip.

_____ No, I would like my student to only receive transportation Mon-Thur.

Transportation from the program to your student's home/meeting spot

_____ Yes, I would like my student to receive transportation home or to a designated meeting spot in my neighborhood.

_____ No, I would like to pick my student up from the program.

Address to be dropped off/directions/special instructions if needed:

Signature of Parent/Guardian

Date

STUDENT ADDITIONAL INFORMATION SHEET

Please feel free to tell us anything else that you think we might be able to assist your child with or need to know throughout the year. This could be anything from social skills, emotional needs, being exposed to new things, etc. The Hangout does our best to accommodate all needs and wishes of our students and families.