



Student Registration Form

2021 – 2022

STUDENT INFORMATION (Please Print Clearly)

First Name: _____ Last Name _____

Address: _____

Cell Phone: _____ Email: _____

Date of Birth: (mm/dd/yy) ____ / ____ / ____

T-Shirt Size: S / M / L / XL / 2XL

Nationality: (Please Circle)

Black/African American | Hispanic | White | Multi-Racial | Other

School: _____ Grade: _____

SIS Number: _____ Password: _____

Extra-Curricular Activities: Please list any activities (clubs, sports, volunteer, job, family responsibilities, etc.) you are involved in after school. Note how many hours per week you are involved and any leadership positions you have.

PARENT/ GUARDIAN INFORMATION (Please Print)

Parent/Guardian (1): Name: _____	
Relationship: _____	Phone: _____
Email: _____	
Parent/Guardian (2): Name: _____	
Relationship: _____	Phone: _____
Email: _____	

Student Lives With: (Circle All That Apply)

Mom | Step Mom | Dad | Step Dad | Grandparents | Uncle/Aunt | Guardian | Other

Yearly Household Income: (Check One)

___ \$12,060 or Below ___ \$12,060 to \$24,999 ___ \$25,000 to \$34,999
___ \$35,000 to \$49,999 ___ \$50,000 to \$74,999 ___ \$75,000 +

EMERGENCY CONTACT # 1: (if different from the person listed above)

Name: _____

Relationship: _____ Phone #: _____

Email: _____

Address: _____

EMERGENCY CONTACT # 2: (if different from the person listed above)

Name: _____

Relationship: _____ Phone #: _____

Email: _____

Address: _____

HOUSEHOLD INFORMATION

The following information is necessary for our records and makes it possible for us to apply for grants and funding to run programs for the students. The answers you provide are kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Thank you.

Name: _____	Relationship: _____
Phone: _____	

of persons living in your house: _____
Language spoken in the home:
English ___ Haitian Creole ___ Spanish ___ Portuguese ___ Other ___

VAN TRANSPORTATION POLICY

Transportation is provided for students in vans clearly marked with the PROPEL Riviera Beach logo and colors. PROPEL students will be picked up from the designated pickup area at their school, at a specified time, and driven to the PROPEL Riviera Beach facility. We expect your child to be on their best behavior while in our vans. They must sit down, talk quietly and follow the driver's directions. Failure to do so may result in suspension from the van which will be given at the driver or staff's discretion. Should a member receive a suspension, that member will lose the right to ride in the van for a period of time. Van suspensions will be determined by the Propel Chief Executive Officer, Propel Program Director and/or van driver.

Student Pickup will be between **6:30pm – 7:15pm** from the PROPEL Riviera Beach Facility.

- Van Rules and Expectations
 - Backpacks should be taken off before sitting in a seat. Students must walk to and from PROPEL van. Students must keep all hands and legs to themselves. Remain seated at all times. Use quiet voices when on the van: foul language will not be tolerated. Eating and drinking is NOT permitted. Parents will be responsible for all cost of repairs and damages caused by your child. Students must be on time for van pick up. The van will not wait.

- Automatic Suspension from Van Privileges
 - Physical threat or harm to other students and/ or the driver.
 - Fighting, smoking, drugs, or inappropriate touching while on bus.
 - Damage to property.
 - Bullying.
 - Belligerent behavior.

- Consequences for NOT following the rules
 - 1st offense: Staff will speak with the student.
 - 2nd offense: Driver/Propel staff will issue an incident report: Parents will be notified. The student may be suspended from riding in a van for a defined period.
 - 3rd offense: Student will have van privileges permanently removed

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

MEDICAL INFORMATION

Please List any medication(s) that your child is currently taking & the dosage:

Please note that we are unable to administer or hold medications for your child as we do not have a nurse on site. Therefore, if medication (EpiPens, inhalers, etc.) is needed your child must keep it in their bag and be able to administer it properly to themselves.

Does your child have any allergies? Yes ____ No ____

If yes, please list allergies:

Does your child use an EpiPen? Yes ____ No ____

MEDICAL INSURANCE INFORMATION

Primary Insurance Company: _____

Name of Policy Holder: _____

Policy Holder's Date of Birth: ___/___/___

Patient's relationship to insured (please circle): Child | Dependent | Other

Policy #: _____ Group #: _____

WAIVER and RELEASE

<p>This Release and Waiver of Liability is completed on this date (mm/dd/yy): ___/___/___</p> <p>By: Parent or legal guardian (name): _____</p> <p>For: Minor child (name): _____</p>

The parent or legal guardian is hereon referred to as Releasor.

Academic Release: I/we hereby give authorization/ permission to the Palm Beach County School District, Broward County School District, Palm Beach County Schools, Broward County Schools and school personnel to obtain and release academic data (report cards, progress reports, transcripts) and demographic data regarding my child to PROPEL personnel. The information will be used for academic evaluation and assessment purposes.

Photo/ Social Media/ Marketing Release: I/we understand that my child may be photographed or videoed for program documentation and marketing purposes. I/we allow the above-named minor to participate in PROPEL activities and allow PROPEL and its partners to use photographs of my child for publicity purposes, including the PROPEL website, social media, newsletters, and marketing releases.

Medical Release: I/we authorize PROPEL to obtain and give consent to emergency medical treatment. In the event that I/we cannot be reached in an emergency, I give permission to emergency medical personnel to treat and transport my child as necessary for medical care, the emergency physician to hospitalize, secure treatment for, and to order injections, and/or anesthesia, and/or surgery for my child.

In consideration for my child being permitted to participate in any PROPEL activities, I/we hereby release from liability and hold PROPEL harmless from any and all claims and causes of actions which might arise out of any activity conducted by or under the control of PROPEL , its employees, administrator, agents, volunteers, Board of Directors or trustees, sponsors, and assigns (hereon referred to as Releases). Releasor(s)-(parent or legal guardian) agree to release, hold harmless and forever discharge Releases of and from any and every claim, demand, action

or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of participation in PROPEL or any activities in connection with PROPEL, whether by negligence or not.

Releasor(s) (parent or legal guardian) hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while in or upon PROPEL property, vehicles, or otherwise while involved in any PROPEL activity whatsoever and wherever. Releasor(s) hereby agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of Releasor(s) in any PROPEL activity, upon any property occupied or used by PROPEL for its activities, any vehicles used in the course of and/or scope of PROPEL activities, whether caused by the negligence of Releasees or otherwise.

Releasor expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/ Legal Guardian Name (print): _____
Parent Signature: _____ Date: _____

<p><u>Participation Agreement:</u></p> <p>I agreed to attend and be active with Propel and any related programs at least 3x per week in order to remain an active member of Propel.</p> <p>Student Signature: _____</p>
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PROPEL is an initiative of J.A.Y. Outreach Ministries, a not-for-profit 501 © 3 tax - exempt organization that provides recovery, rehabilitation, reentry, training and mentorship services for men and boys. Your donation is applicable for IRS tax credit to the full extent of the law. Our tax - exempt number is 85-8012600055C-6. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE or at www.FloridaConsumerHelp.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.