

# New Genesis Academic Hub(NGAH) Enrollment Application

Please print clearly. Sign and return to New Genesis, via fax (269)343-7025 or email academichub@newgenesisinc.org

## ATTACHMENT A – CONSENT/RELEASES

☐ Male ☐ Female

Child's Full Name \_\_\_\_\_

Please circle Shirt Size      YS   YM   YL   YXL   AS   AM   AL   AXL   AXXL

### Insurance and Health Information

#### Allergies:

If yes please use comment box

- ☐ None    ☐ Environment  
☐ Food    ☐ Bee Stings  
☐ Medicine    ☐ Other

#### Are Immunizations up to date?

- ☐ Yes    ☐ No

Year of last tetanus shot \_\_\_\_\_

*If your child is not fully immunized, you need to sign an Immunization Disclaimer*

### Health History

- ☐ My child does NOT have any conditions  
☐ My child has a history of one of the following  
☐ Wears glasses/contacts    ☐ Bladder control problems  
☐ Asthma/Wheezing    ☐ Heat stroke/exhaustion  
☐ Diabetes    ☐ Fainting/dizziness  
☐ Seizures    ☐ ADHD / ADD  
☐ Headaches    ☐ Other (use comment box)

### Health Insurance Co and Policy #

### Physician's Name and Address

### Physician's Phone #

#### Medications (List medications in comment box)

- ☐ My child does NOT take medication  
☐ My child takes medication at home only  
☐ My child will need medication during camp hours

#### Restrictions

- ☐ My child does NOT have any restrictions  
☐ My child has restrictions (please use comment box)  
☐ My child will need adaptations (please use comment box)

#### Comments on Medical Info:

### HEALTH STATEMENT

To comply with health and safety guidelines, parent must sign the following document regarding their child's health and immunizations.

Child's Name: \_\_\_\_\_

My child is in good health and I assume responsibility for his/her health while at the SHIP center. I will notify the center of any recent accident or illness, and any health restrictions, allergies, or medications that my child is taking.

My child's immunizations are up to date.

My child's Immunization record (or waiver) is on file with the child's school.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### MEDICAL STATEMENTS

In the event I cannot be reached in an emergency, I authorize the staff of New Genesis Inc. to seek medical treatment for my child as they deem necessary. I understand that whenever possible, a representative of New Genesis Inc. will make a good faith effort to contact me or the listed emergency contacts prior to seeking treatment.

I understand that if I provide a prescription medication to NGAH to dispense to my child during program hours, that medication must be in an original labeled container from the pharmacy and dosage instructions must be provided in writing. I acknowledge that the medication must be turned into the office and not left in my child's possession. The exclusion to this is if my child carries an inhaler or Epic-Pen, however I must still inform the office.

If at any time my child is in need of Tylenol or Benadryl for aches, pains, allergic reaction or fever, NGAH staff may administer it to my child if unable to reach me for authorization. YES NO

Signature of parent/guardian \_\_\_\_\_

\_\_\_\_\_ Date

**\*A COPY OF YOUR CHILD'S IMMUNIZATION RECORD MUST BE PRESENTED AND KEPT ON FILE.**

### **General Release of Liability and Authorization for Treatment**

I believe the information that I've provided on this form to be correct to the best of my knowledge. I agree that my child may participate in New Genesis Academic Hub. Furthermore, I recognize that certain unavoidable hazards and risks are an inherent part of any physical activity and I agree to assume the risk of such activities and programs, holding harmless New Genesis Inc. and its staff members conducting the activities from any and all claims, suits, losses or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities.

N.G.A.H. is not responsible for lost, stolen or damaged personal articles. I acknowledge and agree that I have directed my child to act in a responsible manner at all times and I have read and agreed to N.G.A.H. Additionally, I will ensure that my child also understands the program rules that I have been given and will comply with the specific rules and conditions stated.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### **Coronavirus Waiver**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of our Organization, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **New Genesis Inc.**, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by this organization.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **MEDIA RELEASE**

Children are photographed or videotaped at the Center for a variety of uses. Internal uses include children's portfolios, recording activities and events for posters and for photo albums for the Center, staff, students and other children. External uses include news reports on the center by local newspapers or television stations. We also like to have some photographs on our Website. All release of Center photographs and videotapes will be for staff-approved applications only.

I also authorize New Genesis to use any photograph or likeness of my child.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### **ACADEMIC RELEASE**

I give my consent and permission for the release of academic and attendance information of my child \_\_\_\_\_

from(school) \_\_\_\_\_ to be used by New Genesis for instruction and grant submission data.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### **WALKING RELEASE**

My child has permission to walk home from the New Genesis Academic Hub Program. I agree to hold blameless New Genesis Inc. and their employees for any harm or injury to my child or property during their walk. Children in 1st-3rd should be accompanied by older sibling or adult. \_\_\_\_\_ Signature