



Membership Registration Form

Student

Legal Last Name: _____ **Legal First Name:** _____

Nickname or Preferred Name: _____

Birth Date: ____/____/____ **Gender:** ___Male ___Female ___ Other

Student's Phone: _____ **Student's email:** _____

School: _____ **Grade:** _____ **EACS ID:** _____ [Lunch #]

High School Graduation Year: _____ **Attends:** In school _____ **Virtually** _____

Teachers: Math: _____ **Language Arts:** _____

Are you enrolled in the 21st Century Scholar Program? : ____ Yes ____ No [for 8th-12th]

Please check all that apply:

- ____ Are you eligible for free or reduced school lunch and books?
- ____ Does your family receive SNAP (Food assistance/ food stamps)?
- ____ Are you a foster child?

Ethnicity:

- ____ **Yes, Hispanic or Latino** [a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.]
- ____ **No, not Hispanic or Latino**

Race:

- ____ **American Indian or Native American:** A person having origins in any of the original peoples of North and South America [including Central America, and who maintains tribal affiliation or community attachment].
- ____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-islands, Thailand, and Vietnam.
- ____ **Black or African American:** A person having origins in any of the black racial groups of Africa.
- ____ **Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ____ **Caucasian or White:** A person having origins in any of the original peoples of Europe, the The Middle East or North Africa.
- ____ **2 or more races**

Student's legal guardians:

Who does the student live with? _____ Shared time? _____

1. Last Name: _____ **First Name:** _____

Relationship: _____

Guardian's phone: _____ Cell phone: _____

Work phone: _____ Best time to call; _____

Home Address: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Email: _____

2. Last Name: _____ **First Name:** _____

Relationship: _____

Guardian's phone: _____ Cell phone: _____

Work phone: _____ Best time to call; _____

Home Address: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Email: _____

If Student does not reside with a legal guardian: Student lives with:

Last Name: _____ **First Name:** _____

Relationship: _____

Guardian's phone: _____ Cell phone: _____

Work phone: _____ Best time to call; _____

Home Address: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Email: _____

EMERGENCY CONTACTS & Optional Pick-Up

List up to three local people who can be reached during program hours if the guardian is not available. These contacts are also authorized to pick up your student

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Are there any special needs to consider for safety and to assist with programming?

If so, please provide additional information by downloading the corresponding medication and plan of care form from our website: www.cornerstoneyc.org or request form(s) be emailed by checking each one that applies:

Allergies Asthma ADD or ADHD Autism Diabetes Epilepsy

Hearing Impaired Visually Impaired Learning Disabilities Physical Disabilities

Behavior Management Plan IEP [Individual Education Plan] 504 Plan

Other needs (please specify and a plan of care will be created): _____

Completed forms MUST be turned in with this packet or emailed to llysaght@cornerstoneyc.org before the beginning of program attendance.

Medications:

This information is requested for emergency purposes. Under minimal circumstances, we will administer medication prescribed by a physician. Legal guardians **MUST** provide a physician signed permission form **before** staff may administer any medication. Physician and legal guardian medical permission forms and the medication pharmacy issued label must match in name and directions/dosage.

DO NOT send medication with your student without first communicating with the Program Director. The staff does **not** have access to a registered nurse, medical supplies held on school premises, or school information. Include all emergency medications that the student carries, such as an asthma inhaler, epi-pen, and others to the list of medicines, doses, and allergies on the **RELEASE AND MEDICAL AUTHORIZATION FORM INCLUDED IN THIS PACKET.**

Transportation/ Student Dismissal Options

Please read through the **Transportation Agreement** before selecting. It is crucial to choose wisely as registration for transportation cannot change once it is selected until the next semester.

- The student will typically walk or bike to the program or home after the program.
- I or another designated person will drop off and or pick my student up from the program.
(The designated person must be listed in emergency contacts if not the legal guardian)
- The student will ride the bus from Heritage Jr-Sr High School to the center.
- The student will ride the activity bus back to Heritage High School at the end of the program (Sr. High only).
- The student will ride the CYC van to the Monroeville center from New Haven Jr-Sr High
- The student will ride the CYC van home after the program (New Haven Jr-Sr High)
- The student will ride the CYC van to the Monroeville center from Woodlan Jr-Sr High
- The student will ride the CYC van home after the program (Woodlan Jr-Sr High)
- The student will require transportation to the center in Monroeville from home due to virtual learning agreement
- The student will need transportation home from Monroeville after program due to the virtual learning agreement.
- The student will drive themselves to and from the Monroeville Center.
*(Registration, proof of license and insurance required, see **Transportation Agreement**)*
- My student requires a handicapped-accessible bus or van.

Program Agreement: I agree

- To meet with CYC/ CCP staff if my student is having difficulty in the program
- To participate in family engagement activities as much as possible
- To be financially responsible for any extra costs for events outside of regular program

I certify that I am the legal guardian of the student listed on page 1.

I permit my student to participate in Cornerstone Youth Center programs and activities. The information I have provided above is accurate to the best of my knowledge. I will notify Cornerstone immediately if any of this information should change.

Legal Guardian Signature: _____

Hold Harmless Agreement & Medical Release Form

Student: Last Name: _____ First Name: _____

Guardian: Last Name: _____ First Name: _____

HOLD HARMLESS AGREEMENT

The Southeast Youth Council, Inc. dba: Cornerstone Youth Center

RELEASE AND WAIVER OF ANY AND ALL CLAIMS AS A RESULT OF

**PARTICIPATION IN ACTIVITIES OR SUPPORT COUNSELING OR INJURIES OR
PROPERTY LOSS**

The undersigned hereby attests and acknowledges that they and their legal dependent are entering into programming by The Southeast Youth Council, Inc. voluntarily with full knowledge of the potential risks, dangers, and possibility of injury that may arise out of operation and activities of The Southeast Youth Council, Inc. They further acknowledge that The Southeast Youth Council, Inc., its employed staff, its volunteers, its officers and or its directors may offer several forms of support programming or activities [such as College & Career Readiness, Social and Emotional Intelligence, Alcohol, Tobacco & Other Drug Prevention, Life Skills, and Wellness programming] which may result in injury or loss of property. They agree that The Southeast Youth Council, Inc. will not be held responsible for those injuries or property losses incurred while engaged in activities and support programming offered. They further agree to indemnify and hold The Southeast Youth Council, Inc., its employed staff, its volunteers, its officers, and or its directors harmless from all liability, including claims asserted by third parties for any care rendered to the undersigned.

RELEASE AND MEDICAL AUTHORIZATION

In the event of an emergency, if the legal guardian(s) or emergency contacts cannot be reached, I hereby permit to transport my student to a hospital or urgent care facility for emergency medical or surgical treatment, and I agree to accept all financial responsibility for such treatment. I wish to be advised before treatment by the hospital or doctor if possible.

MEDICAL/ INSURANCE INFORMATION for Emergency Medical Treatment:

Insurance Company: _____ Plan # _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Preferred: Hospital: _____ Urgent Care Center: _____

Student Allergies:

Student Medications and dosages:

Legal Guardian Signature: _____ **Date:** _____

CONSENT TO RELEASE INFORMATION FORM

Student: Last Name _____ First Name _____

PHOTO AND VIDEO RELEASE (MINOR)

I, the legal guardian of the student listed above, grant The Southeast Youth Council Inc. dba Cornerstone Youth Center my permission to use photographs, and or videos for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, social media and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me because of such use. **Guardian Initial:**

LOCAL TRIP RELEASE

I understand that The Southeast Youth Council, Inc., may at times, take college or career visits, perform community service projects or attend events that will require my student to travel to and from the program site. These trips may require transportation by The Southeast Youth Council, Inc., staff, or adult volunteers. I understand that a legal guardian shall be notified before any such trip is taken so that the legal guardian is aware of the student's whereabouts. I grant permission for the student to participate in these activities and travel with designated staff or adult volunteers.

Guardian Initial:

21st CENTURY COMMUNITY LEARNING CENTERS RELEASE OF RECORDS AND INFORMATION

The Indiana Department of Education [IDOE] collects data on activities and events taking place in classrooms, schools, and school-related programs throughout the state. The Family Educational Rights and Privacy Act [FERPA] requires the IDOE and 21st Century Community Learning Center [21CCLC] to obtain prior written consent from the legal guardian or eligible student before releasing any personally identifiable information about a student.

The information requested is used to calculate the impact that the 21CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds. The Cornerstone Connections Project [CCP] is dedicated to establishing a community learning center designed to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular educational programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher

student growth, increased passage rates of local and state assessments, and students who pursue post-secondary education.

I understand that this authorization is made according to FERPA, outlined in 20 USC §1232g and its regulation in 34 CFR Part 99 [as amended in 2012]. Furthermore, I understand that this consent is made according to 34 CFR 99.30(a), which requires that (1) the parent or eligible student's consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made. **Disclosure Parties:**

21CCLC Re-disclosure parties: Indiana Department of Education [IDOE] IDOE contracted statewide evaluator and the local evaluator mandated by 21CCLC, United States Department of Education **Purpose of Each Disclosure:** Collect data to calculate the impact of 21CCLC has on student performance.

All records and information regarding services are protected by FERPA, which governs the exchange of confidential information. The transfer of information is limited to the authorized staff of the 21CCLC and the aforementioned re-disclosure parties. No individual student data is released beyond that which is specified in this authorization.

By signing this form, I agree to the above releases to The Southeast Youth Council Inc., grant, to the school the student attends, permission to disclose to The Southeast Youth Council Inc., and the 21CCLC the following information.

I also grant permission to the 21CCLC to re-disclose the following information to the re-disclosure parties: *School registration information/ demographics data, assessment data, student grades, school day attendance, survey data, as well as free and reduced lunch status.*

Guardian Signature: _____ **Date** _____

CORNERSTONE YOUTH CENTER COMMUNICATION PLAN

The Southeast Youth Council, Inc. strives to communicate important information regarding the organization, student, programming, and other activities and events that benefit the student, family, and community. All communication is shared through organization monitored sites and user profiles. No personal sites or patterns will be used. No contact information is shared or released to other youth, parents, adults, or individuals.

Please share the preferred communication information below for both student and guardian(s).
[select at least one for each]:

Student:

Text message: Name: _____ Cell Phone Number: () -

Email:

Instant Message through social media by official organization page: Facebook, Instagram, Twitter

Platform: _____ Username (URL): _____

Guardian:

Text message: Name: _____ Cell Phone Number: () -

Email:

Instant Message through social media by official organization page: Facebook, Instagram, Twitter

Platform: _____ Username (URL): _____

Guardian:

Text message: Name: _____ Cell Phone Number: () -

Email:

Instant Message through social media by official organization page: Facebook, Instagram, Twitter

Platform: _____ Username (URL): _____

Links: Connect with us on our official pages and platforms

Website: [Cornerstone Youth Center](#)

Official Cornerstone Social Media Platforms:

Facebook: General Information: [Cornerstone Youth Center - Home](#)
Youth-focused [AJ Cornerstone](#)

Instagram: [Cornerstone Youth Center \(@cornerstoneyc\)](#)

Twitter: [Cornerstone Youth Center \(@yc_cornerstone\)](#)

I attest that all contact information above is current and actively used so that we may receive important, vital, and emergency information without delay. I grant The Southeast Youth Council Inc. permission to contact the student and people listed through the means shared above.

Guardian Signature: _____ **Date:** _____

COVID 19 WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT In consideration for receiving permission to BE ON PREMISES at Cornerstone Youth Center (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I can contract, with this acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates.
2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I have the capacity contract) The Southeast Youth Center, Inc dba Cornerstone Youth Center, their officers, directors, agents, employees and assigns (the "RELEASES") from any liability related to COVID-19 which might occur as a result of my being on the premises and participating in the Activities.
4. I shall indemnify, defend and hold harmless the RELEASED from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASES. This agreement and the provisions contained herein shall be construed, interpreted, and controlled according to the laws of the State of Indiana.

I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the preceding Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the preceding written agreement, have been made;

I agree with all of the above aforementioned Hold Harmless Agreement and Releases that I have agreed to with my signature.

Student Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Legal Guardian Printed Name: _____