**Bailey youth enrichment foundation**

 **program application**

 **BYEF**

 : *Providing Stepping Stones To* *Success*

\_\_\_\_Food Allergies Form

\_\_\_\_Expectations Agreement

\_\_\_\_Participation Consent/Liability Waiver

\_\_\_\_Photo Consent

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Room Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies

 Please list any food allergies your child has.

 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BAILEY YOUTH ENRICHMENT FOUNDATION**

**FOUNDATION - PARENT – STUDENT**

**RULES & EXPECTATIONS AGREEMENT**

WE CAN EXPECT

 1.…..all BYEF sport’s, recreation, life skills or other youth enrichment programs and activities will be

 extensions of classroom learning and conducted based upon this principle.

 2 ….. audio, visual and motor learning techniques will be employed to maximize participants ability to

 grasp what is being taught.

 3….. parents will support the program through fee payment and/or volunteer service and by reinforcing

 lessons learned during the program.

 4...... participants, instructors, presenters will be on time and ready for tasks.

 5….. all efforts will be made to ensure that all BYEF sports, recreation, life skill or other youth enrichment

 programs and activities are conducted in a safe environment.

 6….. bullying, humiliation, or intimidation by youth and/or adults will not be tolerated and after reasonable

 attempts to address them are unsuccessful may result in the disciplinary actions listed below.

 7…..possession of a weapon or the intentional defacing or destruction of BYEF or partner agency

 property will result in immediate expulsion from the BYEF program without an opportunity to return.

 8…..sexual contact of youth of any type in any BYEF activity will be strictly prohibited and violators will be

 referred to the appropriate law enforcement agency.

 9…..swearing, cursing, using other profanity or abusive language will be prohibited at all times.

 10…..all BYEF activity participants including youth, volunteers, staff and parents will model behavior

 consisted with the BYEF core values of:

* Respecting Others….”I do to others as I want other to do to me”
* Respecting Self….”I believe in my own value as a person”
* Good Sportsmanship…being a gracious winner and understanding winning “the contest” is not

 always possible, competition or participation is done in a fair, honest and respectful manner

 towards all participants including teammates, opponents, opposing fans and game officials

 I have fully read this Foundation – Parent - Student Mutual Expectations Agreement. By signing this

 Agreement I acknowledging that I fully understand and accept these mutual expectations and realize

 the consequences of any behavior contrary to these expectations or inconsistent with the core values

 of the Bailey Youth Enrichment Foundation may result in suspension, expulsion, removal from

 premises, discharge of service or disassociation from BYEF programs or activities.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 BYEF Representative’s Name – Print BYEF Representative’s Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Parent/Guardian’s Name – Print Parent/Guardian’s Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 Student’s Name – Print Student’s Signature Date

 **minor child consent to photograph & release form**

I hereby consent to the Bailey Youth Enrichment Foundation (BYEF) and their employees and agents taking photograph(s) of my child during programs related to the BYEF After School Program at

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Name of School

and using these photograph(s) and identifying my child in the photograph(s) for legal purposes of display, publication, and/or promotion, which may include distribution to the general public, in connection with the Bailey Youth Enrichment Foundation, including videos, brochures, magazines or internet website publications, without further notice. I hereby waive any right to approve the finished photograph(s), videos, or other printed materials or website matters.

I hereby acknowledge that I will not receive any compensation for the aforesaid use of such photograph(s) taken of my child.

I understand that I have been offered the option to refuse to consent to the Bailey Youth Enrichment Foundation taking photograph(s) and using photograph(s) with identification of my child for purposes of display, publication, and/or promotion in connection with the Bailey Youth Enrichment Foundation and that such refusal would not have precluded my child’s participation in the activities offered by Bailey Youth Enrichment Foundation. However by signing this form, I have declined this option.

I have read this Consent to Photograph and Release Form before affixing my signature below. I represent and warrant that I am the parent or legal guardian of the child listed below, and that I am fully authorized to sign this form with regard to the child and that it will be enforceable according to its terms. I fully understand those terms and voluntarily permit the taking of the photograph(s) of my child and identifying my child in the photograph(s) for the uses of the photograph(s) set forth herein.

*This authorization and release is valid for a period of one (1) year from the date signed*.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name (Subject photographed is under 18 years of age.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**parent/guardian consent & Liability waiver form**

No child will be allowed to participate in an academic, athletic, recreation, or life skills program offered by the Bailey Youth Enrichment Foundation (the “Program”) without his/her parent or guardian completing and signing this consent to participate and release of liability form. NO EXCEPTIONS!

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Health Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Health Insurance Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give consent for my child/ward to participate in any and all activities involved in the Program conducted at Stix Early Childhood Center or other locations.

I know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility and risk for my child’s/ward’s safety and welfare while participating in Program activities. With full understanding of the risks involved, I agree to release, indemnify and hold harmless the Bailey Youth Enrichment Foundation, the St. Louis Public School District, Stix Early Childhood Center, and any coaches or contest officials associated with the Program activities, along with the employees, agents, officers and directors of all of the foregoing (collectively, the “Released Parties”), from and against any and all liability, damages, claims or causes of action and related costs and expenses resulting from my child/ward’s participation in the Program Activities at any location (including but not limited to liability, damages, claims and causes of action related to injuries that may be incurred in connection with such participation), and agree to take no legal action against any of the Released Parties based on my child’s/ward’s participation in Program Activities at any location (including, but not limited to, participation involving accidents, mishaps or physical injury).

I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the Bailey Youth Enrichment Foundation.

I certify that my child is covered under our family insurance plan. I represent and warrant that I am the parent or legal guardian of the child listed below, and that I am fully authorized to sign this form with regard to the child and that it will be enforceable according to its terms.

Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Parent/Guardian Print Name Date Parent/Guardian Print Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian Signature of Parent/Guardian

Rev 10/17