



Refugee Youth Summer Academy Registration Form

FAMILY INFORMATION

** Must be child(ren)'s legal parent/guardian*

Your Name: _____ Partner Name: _____

of Children: _____ Apartment Complex: _____

Street Address: _____ Apartment #: _____

City/State: _____ Zip Code: _____

Email: _____ Phone #: _____

Preferred contact: *WhatsApp Text Phone Call Email In-Person Appointment*

Country of Origin: _____ U.S. Arrival Date (M/D/Y): _____

Language Spoken at Home: _____ Interpreter Required?: *Yes No*

Immigration Status: *Refugee Asylee SIV Other:* _____

Do your children receive free/reduced lunch at school? *Yes No*

Is there anyone who has restricted contact with you or your children? *Yes No*

If yes, please give the name: _____

How did you hear about this program? _____

Transportation preference: *My children need a ride I will drop off/pick-up*

Who Can We Contact in Case of Emergency? (*other than parent/guardian listed above*)

First Name: _____ Last Name: _____

Phone #: _____ Address: _____

Relationship to Your Family: _____

STUDENT #1:

Name: _____

Date of Birth (MM/DD/YY): _____

Gender: _____

T-Shirt Size: *Youth Adult* | *S M L XL*

Most Recent School & Grade Completed: _____

Grade (Fall 2023): _____

English Proficiency: *None Beg. Int. Adv.*

Needs transportation? *Yes No*

Booster seat required? *Yes No*

Do you give permission for your child to participate in meals and snacks? *Yes No*

Allergies or food restrictions*: _____

**We will try, but may not be able to accommodate all dietary needs.*

Are there any health concerns or medications that could affect this child's participation, or that may require attention from an adult?: _____

Are there any behavioral or developmental concerns that we should be aware of, in order to better support this child?

What academic area does this child need the most learning support for? _____

What life skill does this child need to practice the most?

- Feeling confident and speaking up for themselves
- Managing and understanding their emotions and needs
- Making friends, getting along with peers, and resolving conflict
- Setting goals, accomplishing tasks, and managing their time

STUDENT # 2:

Name: _____

Date of Birth (MM/DD/YY): _____

Gender: _____

T-Shirt Size: *Youth Adult* | *S M L XL*

Most Recent School & Grade Completed: _____

Grade (Fall 2023): _____

English Proficiency: *None Beg. Int. Adv.*

Needs transportation? *Yes No*

Booster seat required? *Yes No*

Do you give permission for your child to participate in meals and snacks? *Yes No*

Allergies or food restrictions*: _____

**We will try, but may not be able to accommodate all dietary needs.*

Are there any health concerns or medications that could affect this child's participation, or that may require attention from an adult?: _____

Are there any behavioral or developmental concerns that we should be aware of, in order to better support this child?

What academic area does this child need the most learning support for? _____

What life skill does this child need to practice the most?

- Feeling confident and speaking up for themselves
- Managing and understanding their emotions and needs
- Making friends, getting along with peers, and resolving conflict
- Setting goals, accomplishing tasks, and managing their time

STUDENT # 3:

Name: _____

Date of Birth (MM/DD/YY): _____

Gender: _____

T-Shirt Size: *Youth Adult* | *S M L XL*

Most Recent School & Grade Completed: _____

Grade (Fall 2023): _____

English Proficiency: *None Beg. Int. Adv.*

Needs transportation? *Yes No*

Booster seat required? *Yes No*

Do you give permission for your child to participate in meals and snacks? *Yes No*

Allergies or food restrictions*: _____

**We will try, but may not be able to accommodate all dietary needs.*

Are there any health concerns or medications that could affect this child's participation, or that may require attention from an adult?: _____

Are there any behavioral or developmental concerns that we should be aware of, in order to better support this child?

What academic area does this child need the most learning support for? _____

What life skill does this child need to practice the most?

- Feeling confident and speaking up for themselves
- Managing and understanding their emotions and needs
- Making friends, getting along with peers, and resolving conflict
- Setting goals, accomplishing tasks, and managing their time

STUDENT # 4:

Name: _____

Date of Birth (MM/DD/YY): _____

Gender: _____

T-Shirt Size: *Youth Adult* | *S M L XL*

Most Recent School & Grade Completed: _____

Grade (Fall 2023): _____

English Proficiency: *None Beg. Int. Adv.*

Needs transportation? *Yes No*

Booster seat required? *Yes No*

Do you give permission for your child to participate in meals and snacks? *Yes No*

Allergies or food restrictions*: _____

**We will try, but may not be able to accommodate all dietary needs.*

Are there any health concerns or medications that could affect this child's participation, or that may require attention from an adult?: _____

Are there any behavioral or developmental concerns that we should be aware of, in order to better support this child?

What academic area does this child need the most learning support for? _____

What life skill does this child need to practice the most?

- Feeling confident and speaking up for themselves
- Managing and understanding their emotions and needs
- Making friends, getting along with peers, and resolving conflict
- Setting goals, accomplishing tasks, and managing their time

GENERAL, TRANSPORT, & MEDICAL RELEASE (required)

By signing below, I give my permission for the child(ren) registered above to participate in World Relief Refugee Youth Summer Academy, including athletic activities.

For any engagement where transportation is offered, I give my permission for the transportation of my child to and from World Relief's Programs and its associated activities. I understand that transportation may be provided by World Relief staff, contractors, and/or volunteers for certain programs, and that these individuals have passed criminal and motor vehicle background checks and are licensed appropriately to drive their respective vehicles. I understand that vehicles used will include buses/vans from various community organizations and volunteers' personal vehicles.

In the event of an emergency, I give permission to World Relief to take necessary emergency measures for the care and protection of my child(ren), while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if it is deemed necessary. It is understood that in some medical situations, World Relief staff will need to contact the local emergency resources before the parents/guardians, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family.

In consideration of the ability to participate in any of World Relief's Programs and further recognizing the voluntary nature of my child's participation in this event, I, the undersigned person, intending to be legally bound, hereby promise to waive for myself, my guardians, heirs, executor, administrators, legal representatives and any other persons on my behalf, any and all rights and claims for damages, demands, and any other actions whatsoever, including those attributable to simple negligence, which I or my child may have against World Relief, arising out of my child's participation in any of World Relief's Programs. I FURTHER VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISKS ASSOCIATED WITH ATTENDING THIS EVENT. I EXPRESSLY, KNOWINGLY, AND VOLUNTARILY ASSUME THE RISKS INVOLVED IN THE PLANNED ACTIVITIES INCLUDING TRANSPORTATION TO AND FROM ANY WORLD RELIEF PROGRAMS OR RELATED EVENTS, AND AGREE TO HOLD WORLD RELIEF HARMLESS FOR ANY RESULTING INJURY. I understand that this agreement shall remain in effect until the end of my child's participation in any of World Relief's Programs.

★ Parent/Guardian Signature: _____ ★ Date Signed: _____

PHOTO RELEASE (optional)

World Relief seeks to honor the dignity of others in ethical storytelling. In order to maintain the highest level of integrity, it is essential to gain proper consent for any media and biographical information used to share stories of transformation. By signing this form, I give World Relief the following permissions to use information about, and visual images/sound records of me and/or my child(ren), to inform others of the work of World Relief, which may be publicly presented. This includes possible use by World Relief in its internal materials, as well as external materials including, but not limited to, newsletters, printed material, website or social media, or live and recorded presentations.

I give permission for World Relief to use (check if yes):

- My children's image in photographs
- Video or audio recordings of my children
- My children's names and biographical information

I understand that I am signing this release without any expectation of monetary payment or other remuneration, and I understand that this releases World Relief from any future claims as well as from any liability arising from the use of this information, photographs, video or audio recordings, or other materials covered by this release.

Parent/Guardian Signature: _____ Date Signed: _____

FIELD TRIP RELEASE (recommended)

By signing below, I give permission for my child(ren) to participate in field trips during the course of World Relief's Refugee Youth Summer Academy. I release World Relief and individuals from liability in case of accident during activities related to World Relief, as long as normal safety procedures have been taken.

Parent/Guardian Signature: _____ Date Signed: _____

RELEASE OF INFORMATION (recommended)

By signing this form, I, (print your name) _____:

- Give World Relief and its agents my consent and permission to obtain/release information about me, and my child/dependent from/to Government and Community-Based Entities. *Yes No*
- Give World Relief and its agents my consent and permission to obtain/release information about me, my child/dependent from/to World Relief Programs and departments. *Yes No*
- Give World Relief and its agents permission to discuss information they obtain about me and my children with other agencies/organizations/programs as World Relief deems necessary for the successful well-being, health, education, and safety of me and my children. *Yes No*
- Give World Relief and its agents my consent and permission to release information about me and my children for research purposes, but only if my name does not appear anywhere in the information released. *Yes No*

World Relief and its agents will not obtain or disclose information they obtain about me or my children for any purpose other than as provided in this Consent.

Situational Release of Information without Consent

I understand that World Relief and its agents will neither obtain nor disclose information they obtain about me or my children for any purpose other than as provided in this Consent to Obtain and Release Information, unless the following conditions are present:

- My personal information is ordered to be shared by a judge or presiding officer of the court.
- My personal information is deemed necessary to share in the prevention or mitigation of harm to myself, my child, and/or others.

Finally, I understand that I can revoke, terminate or cancel this Consent/Release at any time in writing. Otherwise, this consent is valid until the end of my service period.

Parent/Guardian Signature: _____ Date Signed: _____

Staff Signature: _____ Date Signed: _____



*Submit this form to the World Relief office by **May 5th**.*

*Space is limited. Submitting registration does not guarantee a spot. We will contact you by **June** to confirm whether or not your students will be attending the program.*

Office Use Only: ASSISTED REGISTRATION

Staff Assistance:

Name of Staff Member: _____

Signature: _____ Date: _____

WR Case #: _____

Notes: _____

Interpreter Assistance:

I have interpreted the registration form and all included releases, and answered all questions regarding the translation. When asked, the client agreed to having understood the form in its entirety.

Name of Interpreter: _____

Signature: _____ Date: _____

Teacher/Service Provider Use Only: REFERRAL

Name: _____ Date: _____

Organization: _____ Role: _____

Contact Information: _____

Please describe your reason for referral, to help us prioritize those who would most benefit from the program: _____
