



State and Federal Programs  
466 Moss Street, Chula Vista, California 91911 (619) 934-8300

**VALOR Before/After School Program**  
**8:30 AM – 2:30 PM**  
1267 Thermal Avenue, San Diego, CA 92154  
(619) 628-5910 • (619) 628-5903 Fax

## School Year 2016-2017 Sweetwater Strong Enrollment Form and General Release for the SUHSD ASES Supplemental Before/After School Program

_____ <b>Student First Name</b>	_____ <b>Middle Name</b>	_____ <b>Last Name</b>
_____ <b>Grade</b>	_____ <b>Male or Female</b>	_____ <b>Date of Birth</b>
		_____ <b>Student ID Number</b>

**The Before/After School Education and Safety (ASES) Supplemental programs in the Sweetwater Union High School District hosted by [Mar Vista Academy](#) provides VOLUNTARY youth oriented activities during non-school hours. This program is open from March 20, 2017 to March 31, 2017 from **8:30 AM to 2:30 PM**. Due to limited funding, priority enrollment will be given to students who can attend the full day every day. All other students will be placed on a waiting list. Non-compliance with attendance may result in disenrollment from the program.**

**Release and Waiver for ASES Students**

I, the undersigned parent/person represent that I have legal custody/guardianship of the above said student (“Student”), a minor, and am able to give, and hereby give permission for the Student to participate in the B/ASES described above. I acknowledge that these activities may be an extreme test of student’s physical and mental limits and that it could result in death, injury, property loss or other damage of person or property. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. The Student is physically able and mentally prepared to participate in all activities as described in the announcement of the program. Subject to the physical restrictions listed below, if any, I certify that the Student is physically fit, has sufficiently trained for participation in the described activities or other similar activities and has not been advised otherwise by a qualified medical person.

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the Student’s involvement in the activities of B/ASES. On behalf of myself and Student, and our respective executors, administrators, heirs, successors, and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE the Sweetwater Union High School District, VALOR, [Sweetwater Strong](#), [the YMCA](#), [Southbay Community Services](#), [ARC](#) and their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, directors, and volunteers, from all LIABILITY arising out of or in connection with the Student’s participation in any or all of the above described activities, and any and all liabilities associated with any and all claims for the death, injury, or property loss or damage of Student or actions of any kind which may accrue to Student or me as a result of Student’s participation in any [Sweetwater Strong](#) activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of the Student’s actions during any [Sweetwater Strong](#) activity except for those claims arising from the sole negligent or willful conduct of Sweetwater Union High School District School or its agents.

\_\_\_\_\_ **Parent/Guardian Initials**

**Program Requirements**

In accordance with the intent of the state legislation that provides major funding for the Program, participants’ priority for enrollment will be given to students who can attend the full day every day. Non-compliance with the attendance may result in disenrollment from the B/ASES Program.

\_\_\_\_\_ **Parent/Guardian Initials**

**Early Release/Late Arrival**

Please complete the Early Release/Late Arrival form(s) if your Student does not plan to participate for the entire daily program hours.

\_\_\_\_\_ **Parent/Guardian Initials**

**Please note: Once your child leaves campus, he/she WILL NOT be allowed back on campus to participate in the after school program.**

**Medical Treatment**

I hereby authorize [Sweetwater Strong](#) as agent for the undersigned, to consent, with respect to the Student, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of a physician or hospital. **I understand that the Sweetwater Union High School District and [Sweetwater Strong](#) are not responsible for costs incurred for medical care.**

“Sweetwater Union High School District programs and activities shall be free from discrimination based on age, gender, gender identity or expression, or genetic information, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics.” SUHSD Board Policy 0410.



State and Federal Programs  
466 Moss Street, Chula Vista, California 91911 (619) 934-8300

VALOR Before/After School Program  
8:30 AM – 2:30 PM  
1267 Thermal Avenue, San Diego, CA 92154  
(619) 628-5910 • (619) 628-5903 Fax

\_\_\_\_\_ **Parent/Guardian Initials**

**Physical Restrictions**

The student has the following physical restrictions: \_\_\_\_\_

**Emergency Contact**

In the event of an emergency, I authorize the following person to act on my behalf if I cannot be reached.

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**Confidentiality**

Student and I understand that under state and federal law, **Sweetwater Strong** is required to maintain all student educational records and student related information obtained during the course of the program in a confidential manner. Student and I hereby give permission for any coaches/mentors to check grades of Student in order to track his/her grades for participation in sports and field trips. All records are the property of **Sweetwater Strong** and are available only to the staff working with them. Information may be released only with the permission of the family or under specific exceptions provided by law. Exceptions to the confidentiality requirement include, but are not limited to, reporting evidence of child abuse, neglect, or threats made in which murder or suicide are involved, investigation and handling of health and safety emergencies, and release to school officials and employees with legitimate educational interests.

\_\_\_\_\_ **Parent/Guardian Initials**

**Program Evaluation**

Student and I understand that all information obtained during the evaluation of **Sweetwater Strong** is completely confidential and that my child's name will not be used in any reports or publications. Student and I also understand that the information provided through questionnaires completed by my child is to be used for the purpose of evaluation.

\_\_\_\_\_ **Parent/Guardian Initials**

**Photographic Release**

Throughout the school year, departments of the Sweetwater Union High School District as well as media companies, such as Cox Communication and television networks, will produce video presentations about programs in the district. The video presentations are usually connected to positive activities taking place in our schools.

Student and I hereby consent to the photography, recording and videotaping of me/my child for distribution, publication or public broadcasting by the media (electronic and print), the Sweetwater Union High School District and **Sweetwater Strong** in any manner the **Sweetwater Strong** deems appropriate and Student and I waive any rights of privacy or profit that Student and I otherwise might have in its contents.

\_\_\_\_\_ **Parent/Guardian Initials**

**Videos**

Student and I understand that videos are shown during **Sweetwater Strong** and that they may be rated "G", "PG" or "PG-13" and I give permission for my child to watch.

\_\_\_\_\_ **Parent/Guardian Initials**

This document shall be constructed broadly to provide a release and waiver to the maximum extent permission under applicable law. I certify that I am the parent or guardian of the above-named participant and agree to hold each of the above-named individuals and entities harmless and indemnify each in the event of loss whatsoever due to a defect in my legal capacity.

Student and I understand the B/ASP Enrollment Form and General Release, including the waiver of liability and authorization of consent to transport and treat a minor, the photographic release and the confidentiality policy and agree to participate under it.

**Reminder:** All school rules apply for the before and after school program.

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

"Sweetwater Union High School District programs and activities shall be free from discrimination based on age, gender, gender identity or expression, or genetic information, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation; the perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics." SUHSD Board Policy 0410.