

2017 AOA GOLD Summer Program Application.

PERMISSION TO PARTICIPATE

Student's Name

Grade going into

Date of Birth

Home Address

City

Zip

(____) _____

Best phone number

Email

Please list the names and grades of any siblings who may also attend AOA:

I give the above named child permission to participate in GOLD's 2017 Summer Program.

Guardian's Name (Please print)

X

Signature

Today's Date

EMERGENCY CONTACT INFORMATION

Does your child have health coverage? Yes No

Medical Insurance Name

Policy Number/Primary Insured's Name

Name of Child's Doctor

(____) _____

Telephone

Please list any medications, allergies, or medical conditions here

In case of an emergency involving my child, I/we give permission for the After School Program staff to furnish and/or obtain emergency medical treatment for my child and to act as guardian in permitting medical treatment if unable to reach me/us. I/we understand that The Academy of Alameda does not pay for accident injuries to students. I/we understand that all emergency and/or medical costs are my responsibility.

X

Signature of Parents or Guardian

Date

RELEASE OF LIABILITY

I/we understand the Academy of Alameda assume no responsibility or liability for injuries/illnesses of my/our child. I/we further understand that I/we hold the Alameda Unified School District, Academy of Alameda, and their officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my/our child's participation in the Summer Program. I/we understand the nature of the Summer Program and that participation is voluntary. I understand The Academy of Alameda is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the Summer Program. I release The Academy of Alameda and their officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss or damage as a result of Summer Program activities.

X

Signature of Parents or Guardian

Date

DAILY STUDENT RELEASE POLICIES

Please carefully review the two options below for student release. You **MUST** complete either the “Pick Up Only Policy” for students who will be picked up, **OR** the “Waiver of Pick Up Policy” for students who will be released to walk home. If you are unsure of how your child will get home, please complete **BOTH** sections:

PICK UP ONLY POLICY

I/we will pick up my/our child from the program every day.

When I/we am unable to pick my/our child up, I/we give permission to the following individuals to pick up my child who must provide ID. Student **MUST** be signed out by the parent/guardian named above, or by one of the individuals listed below. No student will be signed out to anyone under the age of 18.

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

X _____
Signature of Parents or Guardian Date

WAIVER OF PICK UP ONLY POLICY

I/we give the **GOLD Summer Program** staff permission to release my child from program without supervision (walk home) on:

- on a daily basis on the following days: M , Tu, W, Th, F (**Circle Days**)

***As parent/guardian, I hereby release and discharge the Academy of Alameda and collaborating agencies and employees from any and all claims for injury, illness, death, loss or damage as result of my signed waiver of the Summer Program pick up policy.**

X _____
Signature of Parents or Guardian Date

COURSE SELECTION

Please choose one option for your student:

_____ **Mulan, Jr. (Musical):** Learn to act, sing, build, and design as you create this performance!

_____ **STARS:** Science, Technology, Art, Recreation, and Sports!

Acceptance to GOLD Summer Program is limited so please turn applications in as soon as possible.

For questions or more information, contact Kanitha Soukhamthath, Program Coordinator at 510.748.4017x2114 or by email at ksoukhamthath@aoaschools.org.