



PEOPLE REACHING OUT TO PROVIDE EDUCATION AND LEADERSHIP

**2016-2017 Student Registration Form**

**STUDENT DATA: (please PRINT)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ M / F T-Shirt size: \_\_\_\_\_

Check one:  Black/African American  Hispanic  White  Two or more Races  Other

**CELL PHONE** \_\_\_\_\_ **Email** \_\_\_\_\_

**EDUCATIONAL INFO:**

School \_\_\_\_\_ School Grade Fall 2016 \_\_\_\_\_ Class Rank \_\_\_\_\_

**EDLINE: User Name** \_\_\_\_\_ **Password** \_\_\_\_\_

Have you taken: **SAT** \_\_\_\_\_ Score \_\_\_\_\_ **ACT** \_\_\_\_\_ Score \_\_\_\_\_

Have you considered college/ vocational school?  Yes  No

What is your area of interest or major?  
\_\_\_\_\_  
\_\_\_\_\_

**Extra-Curricular Activities** (clubs, sports, volunteer, job, family responsibilities) Please note how many hours per week you are involved with each and any leadership positions you have.

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



**Parent/ Guardian Info:**

Parent/Guardian (1): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT**

Name (1): \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Phone Number: \_\_\_\_\_

Name (2): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Emergency Phone Number: \_\_\_\_\_

**MEDICAL INFORMATION**

Are you currently under medical care? Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_  
Are you currently on medication? Yes \_\_\_ No \_\_\_

**MEDICATION**

List any medication(s) that your child is currently taking & the dosage. (If your child's condition requires medication please note that we are unable to administer or hold them as we do not have a nurse on site. Therefore, if medication (Epi-Pens, inhalers, etc.) is needed member must keep them in their bag and can administer properly.) Please be specific

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

Do you have any allergies? Yes \_\_\_ No \_\_\_ Please list allergies:

\_\_\_\_\_  
Do you have an epi-pen? Yes \_\_\_ No \_\_\_

**MEDICAL INSURANCE INFORMATION**

**Primary Insurance Company**

Name: \_\_\_\_\_

**Policyholder's Information:**

Policy Holder/ Insured's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient's relationship to insured (please circle): Child Other Dependent

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## VAN TRANSPORTATION POLICY

Transportation will be provided from designated pickup area, at defined times, to the PROPEL facility. We expect your child to be on their best behavior while in our vans. They must sit down, talk quietly and follow the driver's directions. Failure to do so may result in suspension from the van which will be given at the driver or staff's discretion. Should a member receive a suspension, that member will lose the right to ride in the van for a period of time. Van suspensions will be determined by the Propel Executive Director, Propel Program Director and/ or van driver.

Propel will provide students a ride home at the close of Propel programming for the day, at approximately 7:30PM.

### Van Rules and Expectations

1. Backpacks should be taken off before sitting in a seat.
2. Students must walk to and from bus.
3. Students must keep all hands and legs to themselves.
4. Remain seated always.
5. Use quiet voices when on the van: foul language will not be tolerated.
6. Eating and drinking is NOT permitted.
7. Parents will be responsible for all cost of repairs and damages caused by your child.
8. Students must be on time for van pick up. The van will not wait.

### Consequences for NOT following the rules

- 
- 1st offense: Staff will speak with student- note put in student's file
  - 2nd offense: Driver/ Propel staff will issue an incident report: parent's will be notified, Student may be suspended from riding in van for defined period.
  - 3rd offense: Student will have van privileges permanently removed.

### Automatic Suspension from Van Privileges

1. Physical threat or harm to other students and/ or the driver.
2. Fighting, smoking, drugs or inappropriate touching while on bus.
3. Damage to property.
4. Bullying.
5. Belligerent behavior.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver and Release**

This Release and Waiver of Liability is executed on (date) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_,  
By \_\_\_\_\_ (name) as parent and legal guardian for  
\_\_\_\_\_ (name), a minor child, hereon referred to as Releasor.

I/we hereby give authorization/ permission to the Palm Beach County School District, Palm Beach County Schools and school personnel to obtain and release academic data (report cards, progress reports, transcripts) and demographic data regarding my child to PROPEL personnel. The information will be used for academic evaluation and assessment purposes.

I/we understand that my child may be photographed for program documentation and marketing purposes.

I/we authorize PROPEL to obtain and give consent to emergency medical treatment.

In consideration for my child being permitted to participate in any PROPEL activities, I/we hereby release from liability and hold PROPEL harmless from any and all claims and causes of actions which might arise out of any activity conducted by or under the control of PROPEL, its employees, administrator, agents, volunteers, board of directors or trustees, sponsors, and assigns (hereon referred to as Releasees). Releasor(s) agree to release, hold harmless and forever discharge Releasees of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of participation in PROPEL or any activities in connection with PROPEL, whether by negligence or not.

Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise while in or upon PROPEL property, vehicles, or otherwise while involved in any PROPEL activity whatsoever and wherever.

Releasor(s) hereby agrees to indemnify the Releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of Releasor(s) in any PROPEL activity, upon any property occupied or used by PROPEL for its activities, any vehicles used in the course of and/or scope of PROPEL activities, whether caused by the negligence of Releasees or otherwise.

Releasor expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Print Name as Parent/ Legal Guardian \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_