



# New Heights Participant Information Form – 2010/2011

Please print clearly in ink:

Participant Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Name of school: \_\_\_\_\_ Grade as of 9/10: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: / /

Parent/Guardian Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

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

Parent/Guardian Name 2: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name and phone # of person to be contacted in case parent/guardian is not available in event of an emergency:

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

Authorized Escorts: Please list the names and phone numbers of individuals permitted to pick up your child.

Authorized Escort 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Escort 2: \_\_\_\_\_ Phone: \_\_\_\_\_

## Permission to Participate and Release from Liability for New Heights

**Release of Liability Disclaimer:** New Heights is not responsible for any personal injury, property damage, or wrongful death to any person suffered while participating in any activity for any reason whatsoever, including negligence on the part of New Heights, its representatives, or employees.

**Regarding activities:** In consideration of this minor child's participation, I hereby release New Heights, its representatives, or employees from any present and future claims from **negligence** arising as a result of this minor child's participation in teen center activities, adventure programming, and sanctioned off campus trips. **Regarding transportation:** I hereby release New Heights, its representatives, or employees from any present and future claims from **negligence** arising as a result of this minor child being transported by a New Heights vehicle, or by transportation through a third party. I understand that this minor child will be dropped off at designated locations and will need to travel home on his or her own volition without the supervision of New Heights, its representatives, or employees. I understand that **activities** and **transportation** have **inherent foreseeable** and **unforeseeable risks** and **dangers** associated with them. **Risks** and **dangers** may include, but are not limited to: motor vehicle travel, exposure to forces of nature, time of day, remoteness from medical facilities, insufficient cellular phone coverage, encounters with persons not associated with New Heights or the minor child, physical and mental challenges. I acknowledge that this child's participation in New Heights is voluntary.

I hereby assume all **risk of injury** or **death**, and **damage** to this minor child's person or property during the course of any New Heights activity, or thereto, wherever or however the above may occur. I hereby **voluntarily waive** any and all claims resulting from **negligence**, both present and future that may be made by me, my family, estate, heirs, or assigns. I agree to **indemnify** and **hold harmless** New Heights, its representatives, or employees if loss, threatened loss or expense from **negligence** were to occur. I have read this form and fully understand that by signing this form, I am **waiving** legal rights and/or remedies which may be available to me for the **negligence** of New Heights, its representatives, or employees. I hereby acknowledge that if any provision or provisions of this agreement shall be held to be invalid, illegal, and unenforceable or in conflict with the law of any jurisdiction, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby. I affirm that I am the parent or legal guardian of this child, and I am freely agreeing to these terms.

**By signing below, I acknowledge that I have read and understand the above statements.**

Participant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Medical Information & Authorization for Medical Evaluation and Treatment

**Medical Information Disclaimer:** It is mandatory that this form be completely filled out by the parent or legal guardian. Failure to provide complete and honest information could result in harmful situations to your child's health and well being.

All information documented on this form will be kept confidential by New Heights staff, and will only be shared with appropriate personnel in case of a medical emergency. Please fill out the form completely and honestly, which will aid in program planning and participant assessment.

**Physical Conditions:** \_\_\_\_\_ **NONE**

Please explain any physical conditions, injuries, chronic illnesses (diabetes, asthma, epilepsy, etc.), or disabilities, which might limit your child's participation in any activities. Has your child been hospitalized for any of these conditions within the last year?

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**Allergies:** Food, insects, bees, medications, etc. Please list below: \_\_\_\_\_ **NONE**

Allergies	Typical Reaction	Allergy Medications Required

Has participant ever been stung by a bee? Please circle Y / N

**Emotional Conditions:** \_\_\_\_\_ **NONE**

Please check any emotional or behavioral conditions, which might limit your child's participation in any activities. Please provide further explanation in the space below if necessary.

Depression                       ADD/ADHD                       ODD                       Autism/Asperger's  
 Anxiety                               PTSD                               Bipolar                       Other

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**Medications:** \_\_\_\_\_ **NONE**

Please list all current medications (prescription & over-the-counter) and the condition for which they are taken.

Medications (include amt. and frequency)	Medical Condition	Personal Side Effects of the Meds

**Primary Physician:** Please provide **NAME**, **ADDRESS**, and **PHONE NUMBER**.

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**Health Insurance:** \_\_\_\_\_ **NONE**

Insurance Company	Policy Number	Group Number

I acknowledge that the medical information recorded above is true and accurate. I agree to advise New Heights in writing of any change in the medical condition or medical regiment of this minor child. I understand that unless New Heights is notified, New Heights will assume that all medical information is unchanged until June 30, 2011. I acknowledge that I am the parent/legal guardian of this minor child, and I hereby authorize New Heights, its representatives, or employees to obtain necessary evaluation and treatment of this minor child. Notice is hereby given to any health care provider that New Heights is fully authorized to obtain the necessary medical evaluation and treatment.

**By signing below, I acknowledge that I have read and understand the above statements.**

**Parent or Legal Guardian**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## New Heights Participant Information Form

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

### Mandated Reporting and Duty to Warn

The state of New Hampshire has reporting laws, which require all New Heights employees to report any suspicion of abuse, neglect or exploitation of a child to the Department of Children, Youth and Families (DCYF).

If a New Heights employee believes that someone he/she is working with is in danger of harm to self, others, or property, they are obligated to communicate the threat to the victim or victims or to the police department of such threat.

By initialing below, I acknowledge that I have read and understand the above statements.

Parent/Legal Guardian Initials: \_\_\_\_\_

### Program Evaluation and Research

New Heights routinely collects information from our participants for a variety of reasons.

- New Heights is funded almost exclusively through grants. In order to secure funding that supports the daily programming and operational costs of New Heights, it is required by those that fund the grants to report data about our participants or to administer surveys that measure specific criteria.
- New Heights measures resiliency in each participant as a basis of our mentoring program and to evaluate our effectiveness in fulfilling our mission. A brief questionnaire is administered by New Heights at the beginning of the school year and once again at the end of the school year.
- New Heights often collaborates with researchers from the University of New Hampshire to evaluate our program and/or measure change in our participants.

If you have any concerns or want a copy of our policy regarding research and evaluation, please contact our Director at 603-422-8235, ext. 103.

By initialing below, I acknowledge that I have read and understand the above statements.

Parent/Legal Guardian Initials: \_\_\_\_\_

### PG-13 Movie Release

From time to time movies are shown at New Heights that may have the rating of PG-13. By initialing below, you have agreed that your child has your permission to watch these movies and that New Heights will not be held liable for their viewing.

Please indicate by initialing one of the two following choices:

\_\_\_\_\_ **Yes**, this minor child may view movies with a PG-13 rating.

\_\_\_\_\_ **No**, this minor child may not view movies with a PG-13 rating.

## Photo Release

During the course of activities, photographs and videos may be taken and used in the promotion of the New Heights program and its funding sources. These may appear in newspapers, on television, and on computer promotions for the New Heights program. By initialing below I authorize the use of photos without any compensation.

**Please indicate your intent by initialing one of the two following choices:**

\_\_\_\_\_ **Yes**, this minor child's photographs and/or video may be used by New Heights for promotions.

\_\_\_\_\_ **No**, this minor child's photographs and/or video may not be used by New Heights for promotions.

## Demographics

**Demographics Disclaimer:** Gathering demographic data is essential in securing grant funding. All information recorded in this section will be kept confidential. The information will aid in securing program funding through grants, be used by New Heights for statistical purposes, and program assessment and planning.

1. Please check below:

What is your child's ethnicity?

- Hispanic
- Non-Hispanic

What is your child's race?

- White or Caucasian
- Black or African American
- Alaskan Native or Native American
- Asian
- Pacific Islander
- Other single race
- Two or more races
- N/A

2. What is the income level in your household? Please circle below:

Less than \$20,999	\$21,000 to \$30,999	\$31,000 to \$40,999	\$41,000 to \$50,999	\$51,000 to \$60,999	\$61,000 to \$74,999	\$75,000 or greater
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3. As the child's parent/guardian, what is your highest level of education? Please circle below:

**Parent/Guardian #1:**

Some High School	High School Diploma or Equivalent	Some College	2 Year College Degree	4 Year College Degree	Graduate Degree
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**Parent/Guardian #2:**

Some High School	High School Diploma or Equivalent	Some College	2 Year College Degree	4 Year College Degree	Graduate Degree
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4. In what other after school activities does your child participate?

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5. Does your child receive free or reduced lunch? Please circle: FREE / REDUCED / N/A

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6. How many people are living in your household?

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7. If a single parent heads your household, is it headed by a MALE or FEMALE?

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