

**SUMMER COMPASS PROGRAM REGISTRATION**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Cell (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical or Mental Health Conditions: \_\_\_\_\_

Interests: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP or 504 Plan? Yes No

**TRANSPORTATION**

\_\_\_\_\_ Student may walk to/from MYC/Home \_\_\_\_\_ Student will be picked up by parent/guardian

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email (list any who should receive email updates): \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENTS**

**Please read and initial the following agreements**

\_\_\_\_\_ **Field Trips:** I understand that program participants may leave MYC property with program staff to participate in bike rides, hiking, compass skills, and other outdoor activities.

\_\_\_\_\_ **Photo & Video Release:** I give permission to MYC to use my child's photo on social media and in promotion materials such as newsletters, brochures, videos, and more.

\_\_\_\_\_ **Student Pick Up:** Parents agree that they will have their child picked up no later than 2:00pm. MYC staff are not able to transport students without special arrangements agreed upon between guardian and specific staff so please make sure your child has a ride arranged.

\_\_\_\_\_ **Drop-in Policy:** I understand that MYC staff are not responsible for maintaining my child's attendance. If my child chooses to leave, MYC staff cannot be expected to insist they stay, at most, staff can ask the child to wait while their parent/guardian is contacted. MYC staff reserve the right to ask a child to leave for a determined amount of time for reasons such as disruptive, dangerous, or destructive behavior.

\_\_\_\_\_ **Survey Release:** Twice each year, program participants will complete "An Asset Checklist" survey by Search Institute to help measure external assets: support, empowerment, boundaries and expectations, constructive use of time and internal assets: commitment to learning, positive values, social competencies, positive identity. Through active and interactive learning, reflection, projects and worksheets, young people learn about the importance of developmental assets, strengths in their lives, sources of support and areas for growth. I give permission to the Midcoast Youth Center to survey my child about his or her experiences, behavior, skills, and attitudes at MYC. I also understand that the MYC may survey students for the purpose of grant funding.

\_\_\_\_\_ **Code of Conduct:** I have read and understood the Participant Handbook that my child has been asked to sign and abide by. It is important to the staff at MYC that we create a safe, healthy, and happy environment for all our youth, and we believe these to be guidelines all of us can follow to create that environment.

\_\_\_\_\_ **Release of Liability:** I hereby release and agree to hold harmless the Midcoast Youth Center, its officers, agents, employees, and volunteers from any liability of injury, loss or damage to personal property associated with activities participated in at the Midcoast Youth Center. This release of liability includes accident, injury, and loss or damages to the student, as well as, to other individuals or property which may result from the student's participation at the Midcoast Youth Center. I acknowledge that I will not seek to have the Midcoast Youth Center held liable if any accident, injury, loss of property or any other circumstances or incident occurs at the Midcoast Youth Center.

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Parent/Guardian Signature

Date:



# Regional School Unit 1

*The Communities of Arrowsic – Bath – Phippsburg – West Bath – Woolwich*

*Patrick M. Manuel, Superintendent  
Debra J. Clark, Business Manager*

*Katie Joseph, Assistant Superintendent  
Justin R. Keleher, Director of Special Services*

*"Education of a lifetime – for a lifetime"*

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## **Request for Release of Student Information**

**Date:**

**Student Name/DOB:**

**Parent/Guardian Name:**

**Address:**

**Phone No.:**

**The following information is requested to be released by:**

**Name:**

**Title:**

**Information Requested:**

Academic Performance

Behavioral Information

Assessments

Educational Plan

Medical Information

Treatment Plan

Other: \_\_\_\_\_

**The above information may be released to:**

**Name: Agency:**

**Title:**

**For the purposes of:**

**I, the legal parent/guardian of the above named student, give my permission for the information listed to be released to the person(s) indicated for educational purposes. (A facsimile of this form with parent signature is acceptable.)**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

Updated 2/9/15