



PARENT CONTACT AND RELEASE FORM
A+ / GATE YOUTH PROGRAM



Please bring this form on the first day of your class.

Class Name _____

Student Name* _____ Gender (circle one) Female [] Male [] Age _____

*As it will appear on program certificate-PLEASE PRINT CLEARLY

School _____ District _____ Grade _____

Street Address _____ City/State/ZIP _____ / _____ / _____

Parent/Guardian Name _____ Home Phone _____

Email _____ County: _____

Work Phone _____ Alternate (Cell) Phone _____

Emergency Contacts: In the event I cannot be reached and my child becomes ill, or for some other reason must be sent home, please call one of the authorized adults named below. I understand the same individuals will be contacted if my child is not picked up promptly at the end of his/her Youth Programs class and I am unable to be reached. (Note: Include ALL names of people picking up your child on the Parent Contact and Release Form (siblings, grandparents, carpool drivers, etc.)

You may attach a list of additional contacts as necessary.

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Family Physician _____ Phone _____

Please indicate any medical information about your child that may affect his/her participation in the Youth Program. Attach an additional sheet if necessary.

[] None [] Medical Information/Allergies (please describe) _____

(Initial) Photo Release (Optional): I authorize Lansing Community College to use still photographs, motion pictures, video tapes, digital images, and/or sounded recordings of my child without restriction of any sort. I understand the pictures or sound may be edited and combined with other pictures and sound recordings. The final edited pictures and sounds may be shown without restriction, including radio and television broadcast, cablecast, printed publication, Internet web pages, and any other media including CD, DVD, digital imaging, and network streaming. Lansing Community College may assign these rights to other parties for their use. (Please check the box at the left to include the "Photo Release" in your approvals per your signature below).

(Initial) Medical Release (Required): I authorize the staff of Lansing Community College and its Youth Program staff to act on my behalf according to their best judgment in any emergency that requires securing medical attention for my child and I waive and release the College and its Youth Program staff from all liability for any injuries or illnesses incurred while participating in the School program.

(Initial) Release of Liability (Required): I am the parent/guardian of the student applying to participate in Lansing Community College's Youth program. I understand that this program may include sporting or other activities that present some risk of injury to the participants. I assume all risks of, and I fully release Lansing Community College, its affiliates, officers, board members, employees, representatives, suppliers and others involved in providing services in connection with the Youth program, from any and all liability arising from events or activities conducted as part of the Program.

(Initial) Tuition Waiver (Required for LCC Employees using Dependant Tuition Waiver Benefits): I am the parent/guardian of a student attending Youth program and using my earned and unused tuition waiver benefits for the tuition amount of Youth classes. It is my responsibility to make sure that tuition waiver benefits are available for my dependants and that the cost of classes does not exceed the available earned benefit total. By initialing this paragraph, I fully understand that any deficit for cost of tuition, not covered by available earned tuition waiver, is my personal responsibility and I am required to pay any outstanding amount immediately. I also understand that any required paperwork for dependant benefits have been submitted and accepted through the Human Resource division of LCC. Any deficit balance for Youth Program tuition not covered by tuition waiver benefits may be subject to review and action through LCC Financial Services Division.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____