



Comprehensive Adolescent Pregnancy Prevention (CAPP)

97 Lemon Street Buffalo, N.Y. 14204

Phone: (716) 885-1455

Email: dbolden@bfnc.org or rlloyd@bfnc.org

REGISTRATION FORM

Please complete this form to register your child (one child per form) for **The Buffalo Federation of Neighborhood Center's CAPP Program 2018 Summer Enrichment Program**. This **release/waiver form** must be submitted for each Participant to be enrolled in the program.

Incomplete forms will be returned. A parent or guardian must sign this form. Be sure to print all information carefully.

Important Information Before You Register Your Child:

- 1. Completed registration form and waiver release are required**
- 2. Applications are processed on a first-come, first-serve basis**
- 3. The CAPP program will provide breakfast, lunch and snack for participants**
- 4. Applicants must be 9 years old by July 10, 2018**
- 5. Applicants must live in Erie County**
- 6. This is a no-cost program**
- 7. Applications are due by 5pm on June 1, 2018**

Program times are July 10-August 17 Monday-Friday, 9:00 AM to 5:00 PM.

INFORMATION ABOUT YOUR CHILD

Participant Name: _____ **Age:** _____ **Date of Birth:** _____
School: _____ **grade completed in spring 2018:** _____ **Ethnicity (optional):**

African-American Asian-American Caucasian Latino/Hispanic Native American
Other, please state _____

Parent/Guardian Name: _____

Day Phone: _____ **Mobile:** _____ **E-mail:** _____

Address: _____

City: _____

Zip: _____

Emergency Contact: Phone _____ **Name of contact** _____

All known food and/or drug allergies:

Any medical conditions of which we should be aware:

Please include any medical papers necessary in case of emergency

Any medications your child will be taking while in our program:

Non-prescription medication and prescription medication must be signed in during registration.

How did you hear about our program? (Check One)

The Buffalo Federation of Neighborhood Center's Website _____ Flyer/Post Card _____

Newspaper _____ Friend _____ Other: _____



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The Buffalo Federation of Neighborhood Centers CAPP Summer Enrichment Program

WAIVER/RELEASE

I, _____, as parent/guardian of _____, desire my child to participate in activities provided by The CAPP Program summer enrichment program to be held at the Mt. Moriah Baptist Church located at 400 Northampton Street Buffalo, NY 14208 from July 10, 2018 until August 17, 2018 and agree to the terms below:

1. **Acknowledgment and Assumption of Risks:** I understand and accept the nature of physical demands of the activities. I understand that the physical demands of such activities, as well as the activities themselves, may result in injury to my child, and that such injury may be severe. I have made The Buffalo Federation of Neighborhood Centers and/or **The CAPP Summer Enrichment Program** aware of any and all medical and physical conditions that may affect my child's participation. I understand that The Buffalo Federation of Neighborhood Centers and **The CAPP Summer Enrichment Program** staffs employ reasonable procedures, but that unforeseen circumstances or accidental events may occur, for which The Buffalo Federation of Neighborhood Centers/ **CAPP Summer Enrichment Program**, its Board of Directors, representatives, volunteers, and employees cannot be held responsible.

2. **Release:** I, acting in my individual capacity and in the capacity as my child's parent, unconditionally **waive and release** The Buffalo Federation of Neighborhood Centers/CAPP Summer Enrichment Program, its Board of Directors, representatives, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action which may be or could be asserted against The Buffalo Federation of Neighborhood Centers/CAPP Summer Enrichment Program its Board of Directors, representatives, volunteers, and employees as the result of any physical injuries, disfigurement, medical expenses, property damage, loss of earnings, mental anguish, or loss of consortium which may occur as a direct or indirect result of my or my child's use of the services, facilities, instruction, or premises of The Buffalo Federation of Neighborhood Centers, or as a direct or indirect result of my child's participation in activities provided by The Buffalo Federation of Neighborhood Centers/CAPP Summer Enrichment Program s, or from any conduct on the part of The Buffalo Federation of Neighborhood Centers, administration , including any act or failure to act. Additionally, to the extent allowed by the law, I release The Buffalo Federation of Neighborhood Centers/CAPP, Summer Enrichment Program its Board of Directors, and representatives, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action that my child could assert against The Buffalo Federation of Neighborhood Centers, its Board of Directors, representatives, volunteers, and employees as the result of any physical injuries, disfigurement, medical expenses, property damage, loss of earnings, mental anguish, or loss of consortium which may occur as a direct or indirect result of the use of the services, facilities, instruction, or premises of The Buffalo Federation of Neighborhood Centers, or as a direct or indirect result of my child's participation in activities provided by The Buffalo Federation of Neighborhood Centers/CAPP Program.

3. **Medical Authorization and Agreement to Pay Medical Bills:** In the event that my child becomes ill or injured during these activities, and I cannot be reached, The Buffalo Federation of Neighborhood Centers and The CAPP Summer Enrichment Program is authorized by me to provide first aid and to take my child to a hospital of its choice for emergency care unless I have indicated otherwise below. If there are any medical or other restrictions, I have indicated these below. Regardless of the cause of injury, I agree to be financially responsible for any medical treatment, emergency care, transportation, or other expense related to medical care for me or my child, and I also agree that The Federation of Neighborhood Centers Center and The CAPP summer enrichment are not and will not be financially responsible for any emergency care, doctor's treatment, hospitalization, transportation, or other expense related to medical care for me or my

child that arises out of activity provided by The Buffalo Federation of Neighborhood Centers or The CAPP Summer Enrichment Program.

4. **Publicity:** I understand that as part of The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program, my child may be videotaped; audio taped, interviewed, and/or photographed and agree to allow The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program to keep, as their property, the products of such videotaping, audio taping, interviewing, and /or photographing. I also understand that such may be used by The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program for publication in a variety of forums including The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment, website, and other publications, and that no compensation will be paid for such use.

5. **Consideration:** I hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Program

6. **Binding Effect:** This agreement is binding upon me and my spouse, heirs, assigns dependents, personal representatives, attorneys, and estates. To the extent allowed by law, this agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.

7. **Entire Agreement:** This document constitutes the entire agreement between The Buffalo Federation of Neighborhood Centers/ CAPP Summer Enrichment Camp, the undersigned, and his or her child regarding the subjects covered hereby. All previous agreements, oral or written, are superseded, and there exist no further oral or written representatives, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document. I represent and warrant that I am duly authorized to act on behalf of my child in entering this agreement as either parent or legal guardian. Furthermore, if any portion of this agreement is determined to be invalid, it is agreed that the remaining balance of the agreement shall; notwithstanding, continue in full legal force and effect.

My Child's Medical Restrictions (if any):

Hospital Preference (optional):

AGREEMENT IS ACKNOWLEDGED BY SIGNATURE BELOW:

Authorized parent's or guardian's signature

Signed this ____ day of _____, 2018