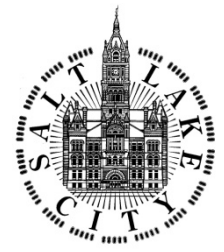


YouthCity!



Salt Lake City's After-school and Summer Program

Out-of-School programs for Salt Lake City youth 3rd – 8th Grade



Mission:

YouthCity fosters positive youth development in Salt Lake City by providing out of school opportunities for social, emotional, skills, character, and citizenship development in an inclusive environment.

Locations:

Central City Rec. Center

615 S. 300 E.

Nimo Samatar • 385-468-1555

Fairmont Park

1040 E. 2250 S.

Colin Crebs • 801-466-0904

Liberty Park

1031 S. 600 E.

John Lyman • 801-533-0485

Ottinger Hall

233 N. Canyon Rd.

Koty Lopez • 801-320-0939

Sorenson Unity Center

1383 S. 900 W.

Jorge Chamorro • 801-535-6532



Classes:

Classes are based on student interest and change each session.

- Skateboarding
- Film Making
- Zombie Survival
- Soccer
- Video Game Design
- Cooking
- Music
- Computer Exploration
- Podcasting
- Outdoor Adventures
- Visual Arts



Program Cost:

Afterschool

\$11-215 per month*

Summer

\$11-439 per month*

*depending on income and family size, full scholarships available for refugee students



Hours of Programming:

After-school

Monday-Thursday: 2:30-6:00

Friday/Early Release: 12:30-6:00

Summer

June-August

Monday-Friday 8:30-5:30

For more information go to youthcity.com



Summer - 2017

Participant Name _____ Birth Date ____/____/____ Age _____ Gender _____

Address _____ Parent Name _____

City _____ ZIP _____ Best# _____ - _____ - _____ Text# _____ - _____ - _____

Primary Email _____ Alternate Email _____

School _____ Grade _____ Student ID # (Lunch Number) _____

- Race
- Asian/Pacific Islander
 - Black/African American
 - Caucasian/White
 - Hispanic
 - Native American
 - Other

Parent or Legal Guardian must read and sign below for child to participate in YouthCity

Release & Indemnification: I hereby recognize and acknowledge that my child's participation in activities may involve bodily injury and/or emotional injury to myself and/or child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release negligence based on any injury except that caused solely by the willful misconduct of YouthCity staff, that may result from my child's participation.

Refunds: YouthCity may withhold 25% of the refund (program registration fee) for administrative costs. All refunds may be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake City Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake City Attorney's Office for collection.

Emergency Treatment: I hereby authorize Salt Lake City program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

Transportation Permission: I hereby give my permission for YouthCity personnel to transport my child or ward for field trips. I hereby agree and voluntarily assume all risk, which may be associated with or result from my child's or ward's transportation to the YouthCity Program. I further agree to release the Salt Lake City School District, YouthCity, Salt Lake City Corporation and Salt Lake County, its agencies, departments, officers, employees' agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents' affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me or my child or ward arising out of any and all activity associated with the aforementioned activities. I have carefully read and understand the contents of this form concerning the transportation of my child or ward.

Photo Permission: I give permission for photographs and videotape recordings of my son/daughter's participation in activities with Salt Lake City to be used in promotional materials for this and other partner programs. I understand that these photos and/or videos may be used in brochures, edited video programs, online and other promotional items for informing interested parties about Salt Lake City activities.

Equal Opportunity: Salt Lake Corporation YouthCity provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

PARENT SIGNATURE _____

DATE ____/____/____
mm dd yyyy

LOCATION: (Check one)

- Central City
 Fairmont Park
 Liberty Park
 Ottinger Hall
 Sorenson Unity Center

I AM REGISTERING FOR: (Check all that apply)

- Session 1 (June 12 - July 7)
 Session 2 (July 10 - August 4)
 Session 3 (August 7 - 18)

COST: Fees range from \$11 to \$439 per student, per month for Salt Lake City residents, based on family size and income. Fees can be paid online with a credit or debit card or in person with a check or money order. Please complete the form below to determine your fee.

Family Size Family Total Gross (before deductions) Annual Income: \$

- A - Our family's total annual income is **more** than what is listed below.
 We qualify for a fee of: **\$439** – Session 1 **\$439** – Session 2 **\$219.50** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$54,970	\$61,873	\$67,800	\$74,222	\$79,732	\$85,178	\$90,688

- B - Our family's total annual income is **less** than what is listed below.
 We qualify for a fee of: **\$251** – Session 1 **\$251** – Session 2 **\$125.50** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$54,970	\$61,873	\$67,800	\$74,222	\$79,732	\$85,178	\$90,688

- C - Our family's total annual income is **less** than what is listed below.
 We qualify for a fee of: **\$168** – Session 1 **\$168** – Session 2 **\$84** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$43,976	\$49,498	\$54,970	\$59,378	\$63,143	\$68,143	\$72,550

- D - Our family's total annual income is **less** than what is listed below.
 We qualify for a fee of: **\$112** – Session 1 **\$112** – Session 2 **\$56** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$27,313	\$34,324	\$41,334	\$48,354	\$55,356	\$65,407	\$69,378

- E - Our family's total annual income is **less** than what is listed below.
 We qualify for a fee of: **\$56** – Session 1 **\$56** – Session 2 **\$28** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$19,192	\$24,119	\$29,046	\$33,972	\$38,899	\$43,825	\$48,752

- F - Our family's total annual income is **less** than \$10,000 (any family size), we qualify for a fee of **\$11** per month.

- G - My child came to the United States as a refugee. I am requesting a full scholarship.

- I will make future payments online I will make payments by check or money order

I certify (promise) that all information on this application is true and that all income is reported. I understand that city officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Child Name: _____ Parent Name: _____

Signature: _____ Date _____ / _____ / _____
mm dd YYYY

For Office Use Only: Verified _____
--

Departure and Emergency Contact Information

Participant _____

#1 - Parent/Guardian _____ Relationship _____ Best# _____ - _____ - _____

Email- _____ Please send program updates: Yes No Via: E-Mail Text

#2 - Parent/Guardian _____ Relationship _____ Best# _____ - _____ - _____

Email- _____ Please send program updates: Yes No Via: E-Mail Text

ALT Parent/Guardian _____ Relationship _____ Best# _____ - _____ - _____

Email- _____ Please send program updates: Yes No Via: E-Mail Text

Departure Options: Please check all that apply

Parent/Guardian will pick up child (by 5:30pm). Child can sign themselves out and walk home alone.

Child can sign themselves out walk home with an older brother or sister.

Sibling Name: _____ Phone: _____ - _____ - _____

Sibling Name: _____ Phone: _____ - _____ - _____

Other adult(s) can pick up child.

Name _____ Relationship _____ Best# _____ - _____ - _____

Name _____ Relationship _____ Best# _____ - _____ - _____

My child has allergies:

Yes No Please list: _____

My child has special needs:

Yes No Please list: _____

Swimming:

My child can swim My child doesn't know how to swim

IN CASE OF EMERGENCY: (Please list at least two people to contact)

Name _____ Relationship _____ Best# _____ - _____ - _____

Name _____ Relationship _____ Best# _____ - _____ - _____

Name _____ Relationship _____ Best# _____ - _____ - _____

In case of injury sustained to my child, I give permission to have my child treated at any legitimate medical facility by qualified medical personnel.

PARENT SIGNATURE _____

DATE _____ / _____ / _____
mm dd yyyy



PARTICIPANT INFORMATION FORM

Name: _____ Today's Date: _____

Parent/Guardian (if applicable): _____

Agency/School (if applicable): _____

Address: _____ City/State/Zip: _____

Primary Phone Number: _____

Date of Birth: _____
Gender: Male _____ Female _____
Approximate Height: _____
Approximate Weight: _____
Approximate Shoe Size _____

Race / Ethnicity:	<input type="checkbox"/> Native American/Alaska Native
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Bi/Multi-racial
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
<input type="checkbox"/> Asian/Asian American	

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Relationship: _____

Primary Phone Number: _____

HEALTH INFORMATION

Attach additional information if necessary

What is your primary diagnosis (if applicable) : _____

Please include any **information, medication and dosage, or other diagnoses** that would be helpful for us to know:

PHOTO / VIDEO RELEASE

Initial Here

I authorize Splore and other approved parties to use any photographs, video tapes, film, or audio of my participation in Splore programs for marketing/fundraising and business purchases. ****Participants under the age of 18 must have parent or legal guardian initial this statement****

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Initial Here

I authorize Splore to secure such emergency medical treatment as I might require while participating in a Splore program or activity. I also agree to pay all costs and fees associated with such emergency medical care or treatment.

Participants under the age of 18 must have parent or legal guardian initial this statement

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

SINCE OUTDOOR ACTIVITIES CAN BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS OF SPLORE PROGRAMS TO ASSUME ALL RISK BY SIGNING THIS PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration for participating in a Splore program or benefitting from the services of Splore, its agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on Splore’s behalf (hereinafter collectively referred to as “Splore”), I hereby agree to release, indemnify, and discharge Splore, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I expressly acknowledge that participation in Splore’s outdoor activities, including, but not limited to rock climbing, river rafting, canoeing and cross country skiing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, hazardous plant life; equipment malfunction or failure; accidental drowning; and improper lifting or carrying.

2. I expressly recognize and acknowledge and accept that Splore staff and volunteers have difficult jobs to perform during outdoor activities; that they seek safety, but they are not infallible; that they might be unaware of or misjudge a participant’s fitness, awareness, weight or abilities; that they might misjudge the weather or other environmental conditions; and that they may give incomplete warnings or instructions; and the equipment being used might fail or malfunction.

3. I freely and expressly agree and accept and assume full responsibility for all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold Splore harmless from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Splore’s equipment or facilities, including any such claims which allege negligent acts or omissions of Splore. I expressly agree that the foregoing this Participant Agreement, Release, and Assumption of Risk is intended to be as broad and inclusive as possible as is permitted under the laws of the State of Utah.

5. Should Splore or anyone acting on its behalf, be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical conditions I may have.

7. In the event that I file a lawsuit against Splore, I agree to do so solely in the state of Utah, and I further agree that the substantive law of Utah shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Splore on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____
Address _____ City State Zip _____
Phone _____ Date _____

PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor’s name) (“Minor) being permitted by Splore to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold Splore harmless from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor, specifically including but not limited to any claims associated with youth participation in rafting trips. I have been informed of the risks associated with youth participation in Splore activities and recognize them and acknowledge them and hereby knowingly accept them.

Signature of Parent or Guardian: _____ Print Name: _____