



### City Year After School Program

Northfield High School is proud to partner with City Year, a nationwide youth development organization, to further enrich the learning experiences of our students. This form requests your written permission for your student to participate in City Year's after-school programs for the following days and times: **Monday, Tuesday, and Thursday, 4:00 pm to 5:00 pm, starting September 2nd, 2025.** Please print responses and have your student give this form to a City Year team member at Northfield High School.

For more information about City Year, please contact: **Impact Manager, Sydney Folger, (847) 769-1994 or [sfolger@cityyear.org](mailto:sfolger@cityyear.org)**

### STUDENT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

### PARENT/GUARDIAN/TUTOR INFORMATION

First and Last name of parent/guardian/tutor: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### **ADDITIONAL EMERGENCY CONTACT**

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

Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

### **MEDICAL INFORMATION**

Please describe any medical/physical conditions of your child which City Year staff should be aware of (allergies/dietary restrictions/medications/limitations on activities/chronic health conditions/ additional comments):

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### **INFORMED CONSENT FOR PARTICIPATION, WAIVER OF LIABILITY, AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, a minor, do hereby consent to their participation in voluntary projects, events, and programs by City Year. I understand that they are responsible for their behavior and will only perform volunteer work or participate in activities that they are comfortable doing. I understand that City Year Denver's after-school program is not licensed or regulated by DCFS. Having read this waiver and knowing these facts and in consideration for the acceptance of the above-named minor's participation in City Year's organized and/or sponsored projects, events, and programs, I do hereby waive and release City Year, the sponsors, their staff and all persons directly or indirectly related to the program of any project my student works on, from

any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by my student during their participation in a City Year after school program. I understand that the staff is trained in first aid, and I authorize them to administer first aid to my student when they deem it necessary. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my student. However, if I cannot be reached in the case of an accident or illness, I grant City Year staff members the power to authorize emergency medical treatment necessary for my student. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment of all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above-named minor that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency for the admission of the above-named minor to the hospital.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS**

In order to promote community and national service, City Year relies on the use of photos and quotes from participants. As such, I hereby authorize and grant permission for City Year to use any photos, film, digital imaging, videos, and/or verbal and written statements of the above-stated participant or their likeness for promotional or other uses by City Year, either associated with the project, event, program, or otherwise. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claims to any such compensation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_