



**After-School Achievement Program 2023- 2024 School Year**

This form **MUST** be turned in at Dumas Wesley Community Center's Admin Office by the parent or guardian before a child can enter the After School Achievement Program. **Please Note: Dumas Wesley is now offering transportation services from the following schools: Holloway, Mary B. Austin, Florence Howard, Phillips and Scarborough. Please note that you will still need to pick up your child(ren) from Dumas Wesley BEFORE 5:30 p.m.**

Parent's/Guardian's Name: \_\_\_\_\_

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

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you a single parent household? Yes No

Which phone number is best to reach you between the hours of 3:00pm and 5:30 pm?

Cell Home Work Alternate

List the name and age of each child participating:

1. \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_
2. \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_
3. \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_
4. \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_
5. \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

Schools attending: \_\_\_\_\_

**\*Will your child(ren) need transportation from their school to Dumas Wesley's After School Achievement Program:** Yes No

**Emergency Contact (Other than parent/guardian):**

Name and relationship to child(ren): \_\_\_\_\_

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

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

**\*Please keep all contact numbers updated as needed in case of emergency.**

Name of child(ren) with allergies: \_\_\_\_\_

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

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

Name of child(ren) needing special needs accommodations: \_\_\_\_\_

Please explain: \_\_\_\_\_

Child(ren)'s Doctor's Name: \_\_\_\_\_ Doctor phone #: \_\_\_\_\_

**If your child is injured do you give us permission to treat or take your child to the nearest hospital?**

Yes                      No

Nationally, as a result of COVID, trends have shown an increase in children needing academic support intervention at school and help managing their emotions. To better serve your child (ren)'s after school needs:

**Does your child receive any academic support or intervention at school?**                      Yes                      No

**Have you noticed your child(ren) needing increased emotional support?**                      Yes                      No

**For grant and funding purposes, please answer the following two questions:**

**Annual Household Income (circle one)**

Less than \$15,000      \$15,001-\$20,000      \$20,001-\$25,000      \$25,001-\$30,000  
\$30,001-\$35,000      \$35,001-\$40,000      \$40,001-\$45,000

**Ethnicity: (Circle one)**

Arab or Arab American      Asian or Asian      Pacific Islander  
American Black or African      American Latin American      Native Hawaiian  
Multiracial or Multi-Ethnic      White or Caucasian Other  
Native American, American Indian or Alaska Native

**I give my permission for my child to participate in: (circle yes or no and sign each line)**

Activities away from the facility:	Yes	No	Signature of parent/guardian	Date
Transportation provided by the facility:	Yes	No	Signature of parent/guardian	Date
Photographic, audio or video recordings to be used in media, social media & marketing purposes:	Yes	No	Signature of parent/guardian	Date

**Person(s) the child may be released to:**

Name	Relationship	Address	Telephone Number

Name of Parent/Guardian: \_\_\_\_\_

Name of ASAP Participant(s): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



### DWCC Rules:

1. Students **must** wear closed toed shoes **at all times!**
2. No weapons, drugs, cigarettes, or e-cigarettes of any kind are allowed on the property.
3. There is no food and drinks allowed in the gym, at any time.
4. DWCC is not responsible for any lost or stolen property.
5. Check-in ends at 4:30 p.m. Students will not be allowed in the building after that time.
6. Doors are locked, and the building is closed at **5:30p.m.** If you pick up your child after this time, there is a \$15 penalty per child for every fifteen minutes you are late. (Pick up between 5:31pm-5:45pm will result in a \$15 late fee per child. Pick up between 5:46pm-6:00 pm will result in a \$30 late fee per child, etc.). All late fees must be paid before the child(ren) will be allowed to return to the program.
7. Students shall not fight or scuffle.
8. Cursing or profane language is not allowed at any time.
9. Students are expected to clean up after themselves and help keep the facility clean.
10. Cell phones and items from home must remain in the child's book bag during program hours.
11. Everyone must obey the rules posted in the gym.
12. No short shorts, skirts, or clothing with foul language or images is permitted. All children are required to wear a belt. We do not allow sagging pants or shorts. If children continue to disobey the dress code they will be sent home.
13. No smoking anywhere on DWCC property. Drugs and Alcohol are not permitted anywhere on DWCC property. If you are found to be intoxicated or under the influence you will be asked to leave immediately.
14. For disturbances, fights or theft we will call the police.
15. All rules are subject to change.
16. At DWCC, we reserve the right to search all students and their property when entering the doors to ensure the safety of staff, volunteers and other participants. Failure to comply will result in termination from the program.
17. Disciplinary Action is left up to the judgement of the ASAP Staff.
18. Parents/guardians of children who are provided transportation to Dumas Wesley must give a 24 hour notice if their child does not need pick up service unless it is an emergency, then the parent/guardian must give notice no later than 1:30pm by **calling the main office of Dumas Wesley at 251.479.0649**. Failure to give proper notice could result in your child losing transportation to the ASAP program.

### Disciplinary Action

Dumas Wesley Community Center has a **zero tolerance policy** for fighting, bullying or any other inappropriate behavior directed to staff, peers, guests and other children on the DWCC property.

The staff may suspend a child for justified reasons without a warning and they may be asked to leave for the entire day or a specific period of time. If your child is suspended for any reason they may not be anywhere on DWCC property until the suspension is lifted. **I have read and understand the rules for the Dumas Wesley Afterschool Achievement program.**

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



### **Assumption of the Risk and Waiver of Liability Relating to COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Dumas Wesley Community Center (DWCC) has put in place preventative measures to reduce the spread of COVID 19; however, DWCC **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending DWCC after school programming could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the DWCC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at DWCC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, DWCC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at DWCC or participation in programming (ASAP). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless DWCC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of DWCC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any DWCC program.

Name of Parent/Guardian: \_\_\_\_\_

Name of ASAP Participant(s): \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



## **WAIVER AND RELEASE FROM LIABILITY FORM (Child)**

I, \_\_\_\_\_, on behalf of (hereinafter referred to as "CHILD") HEREBY WAIVER AND RELEASE, indemnify, hold harmless and forever discharge **Dumas Wesley Community Center (hereinafter known as DWCC)** a non-profit 501(c) (3), and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or child ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, **DWCC**, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities and functions that said CHILD participate may be inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and /or death. On behalf of myself, CHILD my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property that I or said CHILD may have against the aforementioned released party to such activity.

CHILD has the necessary and requisite skills to participate in the requested activities and CHILD'S only limitations or activities from which said CHILD is prohibited are noted below. The nature of the activities has been fully disclosed and any flyer, advertisement, or brochure relating to the participating activities is expressly made a part of this WAIVER AND RELEASE.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive and relinquish any and all claims of any sort whether in tort, contract, equity or otherwise including any claims of personal injury, death, or damage to personal property associated with **DWCC**, including, but not limited to the participation in any volunteer activities, being transported to and from the volunteer site, consuming food, recreational activities or otherwise, or using the facility and its equipment, or other related activities on and off the premises.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended, or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of **DWCC**, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

Printed Name of ASAP Participant(s): \_\_\_\_\_

Printed Name of (Parent/Guardian): \_\_\_\_\_

Phone Number of (Parent/Guardian): \_\_\_\_\_ Email: \_\_\_\_\_

Signature of (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_