



REGISTRATION FORM 2010/2011

Parental Permission & Medical Release Form

This form must be filled out and signed by a parent/guardian to participate in Urban Impact Programs.

Fax, mail, or drop off form to 801 Union Ave, 4th floor, Pittsburgh PA 15212 Phone: 412-321-3811 Fax: 412-321-2369

PROGRAMS: Please mark the program(s) for which your student is registering (checks payable to Urban Impact):

Athletics

- ___ Boys' Basketball: 3rd-12th grade
- ___ Girls' Basketball: 3rd-12th grade
- ___ Soccer: 4yrs-8th grade, \$10

Performing Arts

- ___ Children's Choir: 1th-5th grade
- ___ Choir: 6st-12th grade
- ___ Performing Arts Academy*, \$20

Academics

- ___ SAT Prep Class: 9th-12th grade

**must also fill out Class Selection Form*

STUDENT INFORMATION:

➤ _____ Name of Student	_____ Grade	_____ Age	_____/_____/_____ Date of Birth	_____ Gender
_____ Address	_____ City	_____ State	_____ Zip	
_____ Home Phone	_____ Student Cell Phone: may we text this phone? Y / N			
_____ School	_____ Church	_____ T-shirt size		
_____ Student email	_____ Career Goal			

PARENT/GUARDIAN INFORMATION:

_____ Parent/Legal Guardian #1	_____ Relationship	_____ Work Phone
_____ Cell Phone: may we text this phone? Y / N	_____ Email	
_____ Parent/Legal Guardian #2	_____ Relationship	_____ Work Phone
_____ Cell Phone: may we text this phone? Y / N	_____ Email	

EMERGENCY CONTACT INFORMATION:

In the event of an emergency *and* you cannot be reached please give a name and phone number of an Authorized/Designated individual to make emergency decisions:

_____ Name	_____ Relationship	_____ Phone #
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Please list any allergies or health concerns which may be relevant to a physician in the event of an emergency and indicate any activity restrictions (including previous injuries).

Medical Insurance Company: _____

Policy #: _____ Primary Care Physician: _____

(SIGNATURE REQUIRED ON THE BACK)

Emergency Medical and Liability Release

My signature indicates that in the event of an emergency and in the event that: (1) a parent/legal guardian or the Authorized/Designated Individual identified above cannot be reached; or (2) immediate medical attention is necessary, I consent to have Urban Impact Foundation [UIF] staff/leaders/volunteers act in my behalf and hereby grant my permission for emergency treatment to be administered until a parent/legal guardian or the Authorized/Designated Individual identified above can be reached. I am consenting to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. I agree not to hold Urban Impact Foundation, The Pittsburgh Public Schools or any staff/leaders/volunteers, liable for any decisions for any emergency medical treatment made under this authorization or for any accident or loss to the student however caused.

In addition, I do hereby release, forever discharge and agree to hold harmless Urban Impact Foundation and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Permission to Transport

I give UIF permission to transport my son/daughter to and from UIF programs and UIF related events.

Promotional Release

I also release UIF to use photos, video and audio of my student in promotional materials that support Urban Impact Foundation & its programs. I understand photos may be used in billboard and bus stop advertisements. I release UIF from any liability connected with the use of my picture or voice recording as part of any promotional recruitment or fundraising program.

My signature below indicates that I have read and do agree to the conditions listed above and that I have given accurate and necessary information regarding the above named child.

Parent/Legal Guardian *(please print)*

Signature of Parent/Legal Guardian

_____/_____/_____
Date