



# REGISTRATION FORM 2009/2010

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, 4<sup>th</sup> 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: 4<sup>th</sup>-12<sup>th</sup> grade  
Please specify grade: \_\_\_
- \_\_\_ Girls' Basketball: 5<sup>th</sup>-12<sup>th</sup> grade
- \_\_\_ Soccer: 4yrs-8<sup>th</sup> grade, \$10

**Performing Arts**

- \_\_\_ Choir: 6<sup>th</sup>-12<sup>th</sup> grade
- \_\_\_ Visual Arts: 1<sup>st</sup>-12<sup>th</sup> grade, \$20
- \_\_\_ Dance: 6<sup>th</sup>-12<sup>th</sup> grade, \$20
- \_\_\_ Voice lessons: 6<sup>th</sup>-12<sup>th</sup> grade, \$20
- \_\_\_ Drama: 1<sup>st</sup>-12<sup>th</sup> grade, \$20
- \_\_\_ Improv: 6<sup>th</sup>-12<sup>th</sup> grade, \$20
- \_\_\_ Musical Theatre: 6<sup>th</sup>-12<sup>th</sup>, \$20
- \_\_\_ SAT Prep Class: 9<sup>th</sup>-12<sup>th</sup>

**PERSONAL INFORMATION:**

_____ Name of Student			
_____ Address	_____ City	_____ State	_____ Zip
_____ Home Phone	_____ Student Cell Phone		
_____ School	_____ Grade	_____ Age	_____/_____/_____ Date of Birth
_____ Church	_____ Sex		
_____ Parent/Legal Guardian #1	_____ Relationship		
_____ Work Phone	_____ Cell Phone		
_____ Parent/Legal Guardian #2	_____ Relationship		
_____ Work Phone	_____ Cell Phone		

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact Person  
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 #
---------------	-----------------------	------------------

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 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