



Update Forms

CONTACT INFORMATION

Participant Information

Name:

First MI Last

Address:

Number and Street

Apt. #

City

State

Zip

Telephone (home):

Telephone (cell):

School Information

School Name:

School Phone:

Address:

Number and Street

City

State

Zip

School Contact
Name:

Current Grade:

FAN Update Forms

Participant Name: _____

Caregiver Information

Name:

First Last

Telephone (home):

Telephone (work):

Telephone (cell):

Telephone (other):

Caseworker Information

Name:

First Last

Agency Name:

Address:

Number and Street Suite.
#

City State Zip

Telephone (work):

Telephone (cell):

E-mail:

AUTHORIZATION & RELEASES

Hold Harmless: In consideration of allowing this child to participate in FAN Youth Programs and to the fullest extent permitted by law, I agree to hold harmless FAN, its trustees, officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my child's participation in FAN Youth Programs. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless FAN, its trustees, officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by the participant, me, my family, estate, heirs or assigns.

I hereby expressly agree to hold harmless FAN, its trustees, officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my child's participation in FAN Youth Programs, unless caused by the sole negligence of FAN.

Consent to Arrange Emergency Treatment: I understand and acknowledge that on rare occasions an emergency may develop which necessitates the administration of medical care, dental care, hospitalization or surgery to the participant named above. Therefore, in event of injury or illness to this participant which necessitates emergency medical or dental care, I hereby authorize FAN, its staff in charge of FAN Youth Programs, to arrange any necessary emergency treatment including the administration of anesthetics and surgery to this participant. In the event of injury or illness that does not necessitate emergency medical care, I understand that FAN Youth Programs and FAN do not have facilities for the care of ill children.

Travel Authorization: I hereby grant permission to the agents of FAN Youth Programs to transport this participant on scheduled field trips.

Please check all that apply:

This participant may be picked up from the program by the following individuals:

Name: _____ Phone: _____

Name: _____ Phone: _____

This participant may sign him/herself out of the program and travel home alone

This participant may leave the program by FAN provided transportation

This participant may leave the program on DCPS provided transportation

I understand that the ability of program staff to properly supervise participants may be impaired when students are not under their direct control. I agree that FAN should not be held accountable when students are authorized to use alternative means of transportation. I understand that the program staff and the organization will be released from responsibility if a participant violates his/her caregiver's above stated choices.

Authorized signature: _____

Date: _____

Printed Name: _____

Relation to participant: _____

Permission to Use Photography, Likeness or Names: I hereby give permission to FAN to use this child's photographic image and/or name, in whole or in part, for FAN Youth Programs-specific public information and marketing activities at the discretion of FAN.

Authorized signature: _____

Date: _____

Printed Name: _____ Relation to participant: _____

FAN Update Forms

Participant Name: _____

TRANSPORTATION REQUEST FORM

Transportation is a very expensive and limited resource. As part of our effort to make sure that we can make the best possible arrangement for as many participants as possible, please answer the following questions:

Yes No Does this participant have permission to travel to the program by public transportation or on foot?

Yes No Does this participant use CFSA or agency transportation to travel to and from school?

Yes No Is there someone who could bring this participant to the program from school?

Yes No Is there someone who could bring this participant home from the program at the end of the day?

This participant will only be able to participate if FAN provides transportation to the program at the start of the afternoon.

Pick up address: _____

Number and Street

Apt. Number

City

State

zip

Pick up phone: _____

This participant will only be able to participate if FAN provides transportation home at the end of the program day:

Drop off address: _____

Number and Street

Apt. Number

City

State

zip

Drop off phone: _____

We will do our best to accommodate as many participants as possible on FAN transportation. We appreciate your assistance in arranging alternative transportation if possible. Any participant traveling by FAN transportation to the program at the start of the program day **must alert the office by 12:00 PM** if s/he will not be attending program that day. Transportation is limited, and will be offered based on need.