



**YMCA OF COASTAL GEORGIA  
POWER SCHOLARS ACADEMY  
EFFINGHAM MIDDLE**

**REGISTRATION/DATA FORM**

Please complete the following information for each child enrolled in the program

**Child's Name:** \_\_\_\_\_  
(Please Print) Last First Middle

**Date of Birth:** (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** (circle one) **M** **F**

**Grade entering** (2017-2018): 6 7 8 **Shirt size:** \_\_\_\_\_ youth adult

**Child's Home Phone:** \_\_\_\_\_ **Child's Cell Phone:** \_\_\_\_\_

**Child's Home/Mailing Address:** \_\_\_\_\_  
No. & Street or P.O. Box  
\_\_\_\_\_  
City State Zip Code

**Parent/Guardian #1:** \_\_\_\_\_  
(Please Print) First Name Last Name

**Relationship to Child:** \_\_\_\_\_ **Allowed to Pick-up?** Yes\_\_\_\_ No\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Other Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_  
(Please Print) First Name Last Name

**Relationship to Child:** \_\_\_\_\_ **Allowed to Pick-up?** Yes\_\_\_\_ No\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Other Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Emergency Contact First & Last Name	Relationship to Child	Home Phone	Cell/Other Phone	Allowed to Pick-up?
1.				Yes____ No ____
2.				Yes____ No ____
3.				Yes____ No ____



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Does your child qualify for free or reduced lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

- **If yes, please provide letter**

**Ethnicity Information:**

Please check the ethnic group the child most identifies with:

- |   |  |
|---|--|
| <input type="checkbox"/> Caucasian/White                  | <input type="checkbox"/> African American/Black                    |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Two or More                      |  |

**Primary Language Spoken at Home:**

- English       Other, please specify \_\_\_\_\_
- Spanish

**Secondary Language Spoken at Home:** \_\_\_\_\_

Does your child participate in ESL services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Is your child on any medication?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*If medications are taken during POWER SCHOLARS ACADEMY™, please complete the Medication Consent Form. (SEPARATE FORM)*

Does your child have any allergies, diet restrictions or health alerts that we should be aware of?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please explain** (including the reaction and treatment required should your child become exposed to the allergen):  
\_\_\_\_\_

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Can your child swim without a lifejacket or adult assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Will your child need transportation to/from Power Scholars Academy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please indicate which pickup/drop-off spot will be most convenient for your family:

\_\_\_\_\_ Guyton, GA      \_\_\_\_\_ Springfield, GA



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**POWER SCHOLARS ACADEMY WAIVER AND RELEASE**

I give my child permission to participate in POWER SCHOLARS ACADEMY™, including the evaluation process. I understand that this process includes collection of demographic data, attendance, academic outcomes and youth development outcomes.

I agree that the YMCA, YMCA of the USA, and anyone they give permission to, has the right to use my child's school data and my survey responses in any form or manner whatsoever and that I will have no objection to this now or in the future.

I understand and agree that the data and survey responses may be used as part of another work made by YMCA of the USA or others and that YMCA of the USA may provide this work to others as well.

I do hereby grant or deny permission to the YMCA to use my image, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of me for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the YMCA website.

- Deny permission to use my image at all.
- Grant permission to use my image in the following ways (mark all that apply):
  - Limited usage:** I want my image used within the YMCA setting only (not in the larger community).
  - Limited usage:** I want my image used on printed materials only (no digital or video use).
  - Unrestricted usage:** I give unrestricted permission for my image to be used in print, video, and digital media. I agree that these images may be used by the YMCA for a variety of purposes and that these images may be used without further notifying me.

No information about my child will be disclosed to anyone outside the research process. The research staff will maintain my child's confidentiality by not revealing his/her name through any material or data.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



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**MEDICATION CONSENT FORM**

**This form is required only if your child is taking medication during POWER SCHOLARS ACADEMY hours**

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Prescription: \_\_\_\_\_ Prescription Number: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s)/Days Medication to be Given: \_\_\_\_\_

Time(s) Medication to be Given: \_\_\_\_\_

Possible Side Effects (including allergies):

\_\_\_\_\_

\_\_\_\_\_

Name and Phone Number of Prescribing Physician:

\_\_\_\_\_

Directions for Storage: \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) give permission to an authorized staff member(s) to administer medication to my child as indicated above.

I, \_\_\_\_\_, (parent/guardian) give permission for my child to carry his/her own inhaler in his/her bag and self administer as needed.

\_\_\_\_\_  
Signature of Parent/Guardian **(REQUIRED)**

\_\_\_\_\_  
Date