

HEART



OF A WARRIOR
CHARITABLE FOUNDATION

**Young Warriors Summer Learning Program (YWSL)
Student/Parent Contract and Acknowledgement of Expectations**

School: _____ Grade: _____ Date of Birth: _____ Gender: Male Female

Student's Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

Address: _____
STREET NAME CITY STATE ZIP CODE

Primary Caregiver: _____ Home Telephone: _____ Cell #: _____

Primary Caregiver (2): _____ Home Telephone: _____ Cell #: _____

Guardian's Name: _____ Home Telephone: _____ Cell #: _____

Emergency Contacts: _____ Relationship: _____ Contact Phone#: _____

Health Concerns: _____

Diagnosed Learning Difference or Special Learning Needs:

Has your child ever attended the Young Warriors Summer Learning program, if so when and where did they attend?

Household Taxable Income Level (Please check one)

Number of Dependents in Household _____

\$0.00- \$22,000 per year

\$22,001-\$27,000 per year

\$27,001- \$34,000 per year

\$ 34,001-\$40,000 per year

\$40,001-\$46,000 per year

\$46,001 + per year

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Program Information

1. Cost per child is \$25.00 per week. If you have more than 3 children, the cost will be \$20 per child per week. Payments must be received on Thursday morning for the following weeks enrollment. Credit card payment is accepted on our website or you can pay cash on Thursday morning. If you are registering more than 3 children, we ask that you provide proof of guardianship through a report card or official documentation.
2. Summer programming Dates
 - a. Monday June 16th -Friday August 1st.
 - b. OFF: Friday July 4th
3. We require all parents to attend the **2014 Young Warriors Summer Learning Program: Parent Orientation** on **Tuesday June 10th at 6:00 pm at the Hamilton Park United Methodist Church.** Your child will not be admitted into the program without a legal guardian completing the parent orientation.
4. Drop-off and pick-up times are as followed
 - a. Drop-Off: 7:30 am-8:30 am
 - b. Pick-Up: 4:30 pm-5:30 pm
 - c. Exceptions can be made with a 48 hour prior notice given to the YWSL Site Lead
 - d. Parents are welcomed to come and visit the classrooms and see the program in action but we ask that you make these arrangements ahead of time so that we can ensure the proper staff are available

Parent's Pledge and Release:

- If my child is admitted to the YWSL program, as parent or guardian, I pledge to have my child ready and on time for daily instruction for the entire summer program. I understand that my child's consistent attendance is crucial for their success and the success of Heart of a Warrior Foundation. If my child does not attend at least 30 days of the YWSL program, I understand that I will not receive an individualized report from HOAW on my child's progress during the program and will not receive priority registration for summer 2015 _____ (Please initial)
- I understand that I must attend at least **one HOAW Parent Education Night** held during the 2014 program in order to register for the 2015 Young Warrior Summer Learning Program. A total of 3 dates will be available and I understand that I must attend at least one session. _____ (Please initial)
- I understand that I must attend the **2014 Young Warriors Summer Learning Program: Parent Orientation** on **Tuesday June 10th at 6:00 pm at the Hamilton Park United Methodist Church** in order for my child to be fully registered for the 2014 YWSL program. _____ (Please initial)

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- I understand that every single day of the Young Warrior Summer Learning Program, I must sign-in and sign-out my child at the front registration desk. NO EXCEPTIONS. _____ (Please initial)
- I understand that the Heart of a Warrior's Young Warrior Summer Learning program uses "constructive redirection" when dealing with student behavioral issues. This method uses the parent/legal guardian as the final voice in deciding behavior punishment with input from the HOAW staff and teachers. No use of corporal punishment, yelling, berating, or bullying by HOAW staff will ever take place in the Young Warrior Summer Learning program. _____ (Please initial)
- I understand that I can only drop-off my child between **7:30 am-8:30 am** and that I must pick my child up between **4:30 pm-5:30 pm**. I understand that exceptions will be made if prior notification is given to the YWSL Site Leader. _____ (Please initial)
- I understand that payment is due on **Thursday morning** for the following week. I understand that only credit cards or cash will be accepted _____ (Please initial)
- I give my full permission and irrevocable right to use, photograph, broadcast, reproduce, telecast, cablecast, use on the internet or intranet, publish or otherwise use my child's artwork, performance, photographs or my child's name or likeness in all forms of communication now known or hereinafter invented in any territory without restrictions ("Works") for all purposes including broadcast on websites, CD-ROM's, DVD's television, cable, theaters, print, publicity, advertising, marketing and promotion of every description ("Purposes") in connection with the Young Warriors Summer Learning Program and Big Thought programs in which my child is participating, has participated or will participate ("Programs"). I understand that my child's name may not appear anywhere, and any rights of attribution or integrity are expressly waived. No claim of any kind will be made by me on behalf of my child regarding such Works. _____ (Please initial)
- I understand that my child's picture may be taken for the purpose of media coverage for Young Warriors Summer Learning program and I agree to allow these photographs, videotapes and audiotapes to be used for media purposes. _____ (Please initial)
- I understand that HOAW efforts to secure this information, should not be misconstrued as a guarantee that this information may not become accessible by illegal or unethical means. Moreover by agreeing to give us this sensitive information, the signer is also agreeing to hold us harmless and waive any right to pursue legal action against us in the event our database is compromised by illegal and/or unethical behavior by any person, entity, or representative of any person and/or entity who obtains this information without our permission. _____ (Please initial)

Parent or Guardian Signature _____

Print Name of Parent or Guardian _____

** Contact Sarah Hysaw-Garrett at 972-228-7523 or shysaw@hoawdallas.org with any questions or concerns. Please visit our website at www.HOAWDallas.org and be sure to like us on facebook.

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Heart of a Warrior Charitable Foundation
Youth Participation Registration

WAIVER AND INDEMNIFICATION AGREEMENT, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for me/my child(ren)'s participation in any and all activities associated with the Heart of a Warrior's Young Warriors Summer Learning Program (YWSL) (hereafter referred to as "activity" or "YWSL") and deriving educational, cultural and/or recreational benefits from the activity, which is sponsored by Heart of a Warrior, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes Heart of a Warrior Charitable Foundation, its boards and commissions and their members, its officers, employees, servants, agents, volunteers, successors, assigns, and any other person acting under its permission and authority (collectively herein referred to as "HOAW") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that I/my child(ren) may sustain while participating in the activity, while traveling to and from the activity, while on the premises owned or leased by HOAW, or otherwise in the care of HOAW, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of HOAW.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I know that there are inherent risks to my child(ren), to myself, and others involved with the activity, including cuts and scrapes, dehydration/heat stroke, sprains, and unintentional collision injuries like broken bones, concussions, permanent injury, or death, and I choose to voluntarily participate/allow my child(ren) to participate in the activity with full knowledge that the activity may be hazardous to me, my child(ren) and my property, and to the person and property of others. I acknowledge the activity may be physical strenuous. I know of no medical reason why I/my child(ren) should not participate. **I agree to indemnify and hold harmless HOAW** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child(ren), other participants, and third-persons as a result of me/my child(ren)'s participation in the activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of HOAW.**
3. RELEASE OF PHOTOGRAPHS/VIDEO/AUDIO. I expressly give and grant to HOAW the unqualified right, privilege, and permission to reproduce, publish, and circulate in every manner or form (including radio, television, newspapers, magazines, and the internet) video tapes, films, photographs, transparencies, and other images and likenesses of me, my child(ren), family, and/or property and audio recordings of my and their voices (collectively referred to as "video and audio recordings"), and I hereby grant, assign and transfer to HOAW all rights and interest therein at no charge. I specifically authorize and empower HOAW to cause any such video and audio recording, to be copyrighted or in any other manner to be legally registered in the name of HOAW. I, for myself, my family, my child(ren), my heirs, executors, administrators and assigns, hereby remise, release, and discharge HOAW from any and all claims of any kind due to the use of such video and audio recordings, including all claims for damages or injunctive relief for libel, slander and invasion of the right of privacy.

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4. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER, I understand HOAW cannot be expected to control all of the risks articulated in this form and HOAW may need to respond to accidents and potential emergency situations. Therefore, I give my consent for any medical treatment that may be required, as determined by a medical professional, during me/my child(ren)'s participation in the activity with the understanding that I will be responsible for the cost of any such treatment. I agree to indemnify and hold harmless HOAW for any costs incurred to treat me/my child(ren), even if HOAW has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes HOAW from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses that may be sustained by me/my child(ren) while receiving medical care or in the deciding to seek medical care, including while traveling to and from a medical care facility, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of HOAW.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

5. VOLUNTARY SIGNATURE. In signing this agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; HOAW has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this agreement for full, adequate, and complete consideration fully intending to this agreement and free myself and my child(ren) from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child(ren) that has a lower level of risk to myself and my child(ren). I further understand this activity is voluntary and extracurricular. While I understand alternative activities are available to me/my child(ren) that do not have the risks associated with the activity, I still desire to voluntarily engage/permit my children(ren) to engage in the activity.

SIGNED this ____ day of _____, 2014

Legal Guardian(s) Signature(s): _____

Printed Name(s): _____

Participant Name: _____

Young Warriors Summer Learning 2014

PARENT ORIENTATION

Tuesday June 10th, 2014 at 6:00 pm

Where: Hamilton Park United Methodist Church
11881 Schroeder Road, Dallas TX 75243
Main Sanctuary

Come meet the staff and learn more about the Young Warrior Summer Learning program in Hamilton Park. Many things have changed from previous years so we look forward to sharing the exciting news. Please have your registration packet filled out and completed along with the first week payments.



Young Warriors Summer Learning Program 2014