Higher Ground
Youth & Family Services

Application Packet
2021-2022 SCHOOL YEAR

Please fill out ALL pages of application packet completely.
Higher Ground will contact you upon acceptance.

Favor de completar TODAS las páginas del paquete.
Higher Ground se contactará con usted tras la aceptación.

HIGHER GROUND
youth & family services

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

HIGHER GROUND
youth & family services

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of large groups of people.

Higher Ground Youth & Family Services ('HG') has put in place preventative measures to reduce the spread of COVID-19; however, **HG cannot guarantee** that you will not become infected with COVID-19. Further, attending HG could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending HG and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at HG may result from the actions, omissions, or negligence of myself and others, including, but not limited to, HG employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my attendance at HG or participation in HG programming ("Claims"). On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless HG, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of HG, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any HG program.

_____

Signature Date

_____

Name (print)

Participant Information

The after school program is open to current second to sixth grade students.

CHILD'S NAME: _____ Date of Birth: _____

Gender: _____ Age: _____ Grade: _____

Medical Conditions / Allergies: _____

Disabilities (Physical / Learning): _____

CHILD'S NAME: _____ Date of Birth: _____

Gender: _____ Age: _____ Grade : _____

Medical Conditions / Allergies: _____

Disabilities (Physical / Learning): _____

CHILD'S NAME: _____ Date of Birth: _____

Gender: _____ Age: _____ Grade: _____

Medical Conditions / Allergies: _____

Disabilities (Physical / Learning): _____

ADDRESS: _____

_____

LANGUAGE SPOKEN AT HOME: _____

ETHNICITY:

Hispanic/Latino _____ American Indian _____ Asian _____ Black/African American _____ White _____ Pacific Islander _____

PARENT/GUARDIAN:

1. Name: _____

   Cell/Home Phone: _____ Work: _____

2. Name: _____

   Cell/Home Phone: _____ Work: _____

Parent Communication

Higher Ground has a text message service through Remind.com that we will be using to announce upcoming events, field trips, and update you on what's happening at Higher Ground. **When you receive your first message from Remind, you must reply YES and provide your own date of birth.** This is just to verify that you are 18 years or older. We do not keep parent birthdate records. We may also use OneCallNow, another text messaging service, to contact you at these phone numbers. **You MUST let us know as soon as possible if your phone number changes.**

Valid Phone Number #1 (MUST HAVE TEXT CAPABILITIES): _____

Valid Phone Number #2 (MUST HAVE TEXT CAPABILITIES): _____

Email Address: _____

Emergency Contacts

You MUST provide 2 emergency contacts other than parents/guardians.

1. First & Last Name: _____ Relationship: _____ Ph: _____

2. First & Last Name: _____ Relationship: _____ Ph: _____

*In case of an emergency, I authorize the above to sign my child out. _____

Parent/Guardian Signature

Sign Out Authorization

Before any child can be released from Higher Ground Youth & Family Services, they must be signed-out by a parent or an authorized adult. The person(s) authorized to sign a child out must show photo identification and be over the age of 18. **Please list the person(s) besides parents, guardians and emergency contacts who are authorized to sign out your child.** Anyone **(besides parents, guardians and emergency contacts)** not listed below will not be able to sign any child out from Higher Ground Youth & Family Services. Please notify the Program Director if changes need to be made.

1. First & Last Name: _____ Relationship: _____ Ph: _____

2. First & Last Name: _____ Relationship: _____ Ph: _____

3. First & Last Name: _____ Relationship: _____ Ph: _____

4. First & Last Name: _____ Relationship: _____ Ph: _____

5. First & Last Name: _____ Relationship: _____ Ph: _____

The following individual(s) **MAY NOT** sign my child/children out from Higher Ground Youth & Family Services due to a court-issued custody agreement or restraining order **(a copy of the order must be on file).**

1. First & Last Name: _____ Relationship: _____

2. First & Last Name: _____ Relationship: _____

3. First & Last Name: _____ Relationship: _____

Rules and Regulations

1. Higher Ground is an after school and summer program. If a Higher Ground participant decides to leave the program without communicating to staff members or without following the check-out procedure, then Higher Ground, its staff and/or volunteers will not be liable in the event of harm or injury. Participants must be picked up between 5:00 and 5:30 p.m.

2. **I agree to abide by the following Rules and Regulations while on the premises:**
   a. I will not vandalize or destroy property, materials or equipment.
   b. I will not wear gang attire, provocative or revealing clothing, nor clothing containing any offensive, lewd, illegal, racial or inappropriate words, symbols, or pictures.
   c. I will not be under the influence of or use tobacco, drugs, or alcohol while at Higher Ground.
   d. I will not steal, lie to staff, or use equipment such as phones, computers, video, and audio equipment without permission.
   e. I will leave Higher Ground when asked if I am dismissed for an infraction of the rules. I acknowledge that dismissal may be permanent.
   f. I will not bring any weapons to Higher Ground, nor will I participate in or instigate violence, hate speech, profanity, bullying or fighting.

3. Higher Ground:
   - Will not be responsible for any participant or their activities off the premises.
   - Expects parents, staff, and students to be respectful of each other. Any parent, staff, or participant who feels that they are being treated unfairly, can file a grievance in writing to the Executive Director.
   - Has the right to determine acceptance into the program.
   - is not responsible for lost or stolen property. Do not bring valuables to Higher Ground including jewelry, cell phones or other electronics.

If a participant is sick, they are not permitted to attend or participate in activities until 24 hours after they stop showing symptoms of their illness. If a child is found to be sick while at Higher Ground, the parent or another approved person will be called and the child will need to be picked up immediately. This includes head lice and fevers.

I HAVE READ AND UNDERSTAND THESE RULES, AND AGREE TO THEM

_____
Name of Participant (Please print)

_____
Name of Participant (Please print)

_____
Name of Participant (Please print)

_____ _____ _____
Name of Parent/Guardian (Please print) Parent/Guardian Signature Date

Verification Form for Parents

Please read carefully and sign after every statement.

1. For your child's safety, Higher Ground staff may seek professional medical help for a participant, which may include calling an ambulance, private transportation to a healthcare facility, or calling an EMT.

_____
Parent/Guardian Signature

2. I understand that participants may not be picked up before 5:00 pm unless otherwise approved by the Program Director.

_____
Initial Here

3. If my child fails to attend regularly, he/she may be asked to leave the program so another child with more availability may be able to attend.

_____
Initial Here

4. **If I have not picked up my child 15 - 30 minutes after the program ends, at our discretion, Higher Ground will drive the participant to the Anaheim police station.**

_____
Initial Here

5. I understand that Higher Ground holds a 3 strike rule for all participants. Discipline and a parent meeting may occur after each strike. An automatic strike may be given, at our discretion, if the incident is severe and becomes a liability for Higher Ground. Think sheets will be addressed before or after each incident with the student. For more information about our disciplinary procedures, please visit or call the office.

_____
Initial Here

6. I also understand that Higher Ground holds the right to ask anyone to leave the program even without having 3 strikes, if we believe that they are a danger to other participants, themselves, or Higher Ground Personnel.

_____
Initial Here

Participant Release and Waiver

In consideration of _____ (the "Participant/s") having been provided the opportunity to participate in Higher Ground Youth & Family Services Programs (the "Programs"), the participant and his/her parent or guardian hereby voluntarily agree as follows:

RELEASE FROM LIABILITY AND COVENANT NOT TO SUE. The Participant(s) and his/her parent or guardian agrees, for him/herself and his/her personal representatives, executors, administrators, heirs, next of kin, successors and assigns, to release and forever discharge the Program, its affiliates, officers, directors, partners, officers, shareholders, governors, agents, servants, officials, employees, volunteers, successors, assigns and/or licensees from any and all liabilities, losses, damages, costs, expenses (including, but not limited to, attorney's fees and expenses), actions, causes of action, suits, obligations, judgments and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury/ or death, or damage to or loss of property of, the Participant(s) and/or his/her parent or guardian sustained in connection with the Participant's participation in the Program. Such release, discharge, waive and covenant not to sue shall include, but not be limited to, any and all such Liabilities caused in whole or in part by the negligence of any Program Entity in connection with such Entity's involvement with the Program.

PARTICIPANT ASSUMES RISK. Each of the Participant(s) and his/her parent or guardian is aware of and understands the inherent risks and dangers of sports and activities and the potential for injury that exists when participating in these activities, and agrees to assume all risk and responsibility for personal injury or death to Participant(s), and/or damage to or loss of Participant(s) property, arising from, based upon or relating to the Participant's participation in the Program. Such assumption of risk includes, but is not limited to, any personal injury or death, and/or damage to or loss of property, arising from, based upon or relating to the lack skill of any participant, the improper conduct of any participant and the acts or omissions of any intern, volunteer and staff and any personal injury or death, or damage to and/or loss of property, caused in whole or in part by the negligence of any Program Entity. Each of the Participants and his/her parent or guardian understands and agrees that, in the event of any injury/ to Participant, none of the Program Entities will be responsible for any decisions relating to medical treatment for Participant or for such treatment itself.

RIGHT OF PUBLICITY. The Participant's participation in the Program shall constitute permission to use the name, likeness, image, voice, biographical information or any other identification of the Participant for advertising, publicity, instructional or any other purposes in connection with the Program or the business of any of the Program Entities, in perpetuity, worldwide, and in any and all media now or hereafter known, without compensation to or right of prior review or approval by the Participant or his/her parent or guardian. Each of the Participant(s) and his/her parent(s) or guardian agrees, for him/herself and his/her personal representatives, executors, administrators, heirs, next of kin, successors and assigns, to release and discharge each Program Entity from, to waive in respect of each Program Entity, and not to sue any Program Entity for, any and all Liabilities arising from, based upon or relating to any claim for invasion of privacy, violation of right of publicity, defamation or appropriation, or any similar claim, in connection with any such use.

MISCELLANEOUS. This release, discharge, waiver and covenant not to sue shall be governed by and construed in accordance with the laws of the State of California without regard to conflict of laws principles. California shall be the sole jurisdiction for all disputes. If any portion of this release, discharge, waiver and covenant not to sue shall be held invalid or unenforceable, the remaining portion hereof shall not be affected thereby and shall remain in full force and effect.

REPRESENTATIONS. Each of the Participants and his/her parent or guardian states that he/she has read and understands this release, discharge, waiver, and covenant not to sue (or that the parent or guardian has read and understands this release, discharge, waiver and covenant not to sue, and has explained it to the Participant(s) and that he/she has been given the opportunity to review this release, discharge, waiver, and covenant not to sue with any he/she chooses, including a lawyer, and has done so to the extent he/she wishes to do so. Each of the Participants and his/her parent or guardian further states that the Participant is the beneficiary of his/her parent or guardian's insurance policy or is otherwise covered by sufficient insurance coverage, has been examined by a doctor within the past six months, is in good physical condition, is physically fit to participate in the Program and is not subject to any medical condition that poses or may pose risk of harm or disability to others.

Higher Ground Youth & Family Services does not discriminate against students, parents, employees or the general public. No person shall be excluded from or discriminated against in admission to the Higher Ground Youth and Family Services, or in obtaining the advantages, privileges and courses of study of the Higher Ground Youth & Family Services on grounds of race, color, religious creed, national origin, sex, gender identity, sexual orientation, which shall not include persons whose sexual orientation involves minor children as the sex object, age, genetic information, ancestry, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, and handicap. Additionally, the Higher Ground Youth & Family Services does not tolerate harassment based upon race, color, religion, national origin, sex, gender identity, or sexual orientation.

_____
Name of Participant (Please Print)

_____
Name of Participant (Please Print)

_____
Name of Participant (Please Print)

_____ _____ _____
Name of Parent/Guardian (Please Print) Parent/Guardian Signature Date

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parent/Guardian:

Anaheim Achieves and Higher Ground will be participating in the Child and Adult Care Food Program (CACFP) offered by the U.S. Department of Agriculture (USDA) and will be serving a meal at no separate charge to all enrolled children. Anaheim Achieves and Higher Ground students will be receiving a cold supper at 5:00 pm every day. Preferred Meals will be delivering meals daily to ensure quality and freshness of meals. Parents can access monthly menus at Preferredmealsmenu.com, you will also find all nutritional information and any food allergens.

If your child has any medical conditions and you would like to request a special meal please ask for a MEDICAL STATEMENT TO REQUEST SPECIAL MEALS FORM so you can fill out and we will gladly make any accommodations to your child's meal.

Please let us know if your child has any food allergies that we should be aware of:

Participant Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Please indicate specific food allergies:

_____

_____

_____

Parent/Guardian Signature: _____

If you have any questions please contact the Anaheim Achieves/Higher Ground Program Supervisor at (714) 833-5087.

ANAHEIM FAMILY YMCA
240 S. Euclid St., Anaheim, CA 92802
P: 714 635 9622 F: 714 635 8151
W: www.anaheimymca.org

HIGHER GROUND
youth & family services

INSTITUTE OF ADVANCED STUDIES (IAS)
a 501(c) 3 non-profit & charitable corporation

Participant Name(s)/Nombre(s) de Participante_____

Parent Name/Nombre de Padre/Tutor_____

Address/Dirección_____

Phone/Teléfono_____

Who else lives in the house?/
Quién más vive en la casa?_____

_____

CONFIDENTIALITY AND PRIVILEGED COMMUNICATION AGREEMENT

By signing this form, I give consent for my child to participate in group counseling. I understand that information shared in a group does not carry the same legal protection in terms of confidentiality and privileged communication, that comparable sharing does, with an individual counselor. Legally, the counselor must report indications of harm to self or others. All group members however, are encouraged to maintain the privacy of all other members, and information that is shared during group. I understand that group therapy is provided by training therapists under the supervision of the Institute of Advanced Studies.

_____ _____ _____
Participant Name(s) Parent/Guardian Signature Date

ACUERDO DE CONFIDENCIALIDAD Y DE COMUNICACIÓN PRIVILEGIADOS

Al firmar este formulario, doy mi consentimiento para que mi hijo(a) participe en el asesoramiento grupal. Entiendo que la información compartida en un grupo no tiene la misma protección legal en términos de confidencialidad y comunicación privilegiada, que el compartir comparable sí lo hace, con un consejero individual. Legalmente, el consejero debe informar las indicaciones de daño a sí mismo o a los demás. Sin embargo, se alienta a todos los miembros del grupo a mantener la privacidad de todos los demás miembros y la información que se comparte durante el grupo. Entiendo que la terapia grupal es brindada por terapeutas de entrenamiento bajo la supervisión del Instituto de Estudios Avanzados.

_____ _____ _____
Nombre(s) de Participante Firma de Padre/Tutor Fecha