



SUMMER BRIDGE PROGRAM 2015
PERSONAL INFORMATION FORM



☐ **Session A: June 08 – June 26, 2015**

☐ **Session B: June 29 – July 17, 2015**

Please attach a copy of your child's most recent report card/transcript with this application.
*****This is a first come, first serve basis. Original application with signature must be turned to CACGP office in order to confirm your registration*****

The deadline to confirm your registration is May 15, 2015.

Please PRINT all information

Legal Name: _____ **Date of Birth:** _____
Last First MI Month/Day/Year

Gender: () Male () Female School in SY14-15: _____ Grade in SY14-15: _____

School attending in SY15-16: _____ Grade in SY15-16: _____

Mailing Address: _____
PO Box / Street Name City State Zip Code

Residential Address: _____
Hse #/Apt # Street Name City State Zip Code

Home Phone#: _____ Cell Phone#: _____ Email Address: _____

Mother's Name: _____ Home Phone#: _____

Mother's Place of Employment: _____ Work Phone#: _____

Email Address: _____ Other Contact#: _____

Father's Name: _____ Home Phone#: _____

Father's Place of Employment: _____ Work Phone#: _____

Email Address: _____ Other Contact#: _____

Student Lives with: () Both Parents () Mother Only () Father Only () Guardian

Guardian(s) Name (if applicable): _____ Phone#: _____

Please list below any other adult permitted to pick up your child besides a parent/guardian. Only those listed below will be permitted to pick up your child.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

For the safety of your child:

Please be ready to show some form of identification to a staff member when picking up your child. Also, please remind those who may also pick up your child that we require I.D. If someone not listed above is picking up your child, please send a written note on the day of pick-up.

SUMMER BRIDGE PROGRAM/FIELD TRIP PARENT CONSENT FORM

To Parent (s) or Guardian (s):

Please read the contents of this consent form before signing. Clarify any concerns with a CACGP staff before signing. In order for your child to participate in the field trips and the summer program, this form must be signed.

Description of Supervision:

- Teachers and/or staff will supervise field trips.
- Parents will drop off and pick up their child/children at the Multipurpose Auditorium Building 400. This is the designated area for the Summer Bridge Program.
- Parent/guardian MUST WRITE A LETTER OF AUTHORIZATION for students who are driving or walking home, otherwise parent/guardian must pick-up their child/children at the Multipurpose Auditorium Building.
- In the event of an injury or illness, emergency response to be followed by supervisory staff may include the following:
 1. Assessment of the situation and provision of first aid as necessary by nursing office/staff.
 2. Decision to involve emergency response teams (paramedics, etc.)
 3. Contact with parent/guardian/emergency personnel immediately.

Consent and Authorization for Summer Bridge Program/Field Trips

Student Name: _____ Grade Level: _____
(Print Name)

Participation, waiver, & release of liability acknowledgement and assumption of risk: In consideration of being allowed to participate in CACGP activity/ies, I/we _____ hereby release, waive, discharge, and covenant not to sue Guam Community College from all liability to myself, to my personal representative, assigns, heirs, and next of kin, for any and all loss or damage and any claim or demands therefore on account of injury to the person or property of myself, by reason of accident, illness, injury, death, other consequences arising or resulting directly or indirectly from participation in CACGP Activities offered by Guam Community College. I voluntarily elect to participate in this activity with knowledge of any dangers involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. Guam Community College and the Territory of Guam assert lack of responsibility or liability resulting from participation in CACGP activities.

Waiver of liability and indemnification: In consideration for being allowed to voluntarily participate in CACGP activities on behalf of myself, my personal representatives, heirs, next of kin, successors, and assigns, I forever **a)** waiver release and discharge Guam Community College, the Territory of Guam, its agencies, officers and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims **b)** indemnify, save, and hold harmless Guam Community College, the Territory of Guam and its agencies, officers, and employees of, from and against

any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during CACGP activities. I hereby consent to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release of indemnification and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

By signing this release and waiver of liability, the undersigned is aware that CACGP Activity/Event may involve inherent dangers and risks and the undersigned is voluntarily participating in these activities with knowledge of the dangers and risks involved and hereby agrees to accept any and all risks of injury associated thereby.

Photo & Video Release Authorization: I hereby give Guam Community College and their assigns the absolute right and permission to copyright and/or publish or use photographic portraits, pictures or video of my child(ren), or in which my child(ren) may be included in whole or in part, or composite or distorted in character or form, in conjunction with their own or fictitious name, or reproduction thereof in color or otherwise, made through any media at their locations or elsewhere, for art, advertising, trade or any other lawful purposes whatsoever.

I also give Guam Community College and their assigns the absolute right and permission to allow media print and television photographers to photograph my child(ren) for general news related reasons. I understand that Guam Community College will use discretion when allowing news media to photograph my child(ren). I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I hereby release, discharge, and agree to save Guam Community College and their assigns from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or video, or any procession leading towards the completion of the finished product. I understand that this release is for the Guam Community College and will be in effect indefinitely.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Guam Community College and I have signed of my own free will. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Parent/Guardian Signature

Date

THIS INFORMATION IS CONFIDENTIAL

Legal Name: _____ Student ID#: _____
Last First MI

Gender: () Male () Female Grade: _____ Date of Birth: _____ Shirt Size _____
Month/Day/Year

Mailing Address: _____
PO Box / Street Name City State Zip Code

In case of an ACCIDENT OR SUDDEN ILLNESS, it is necessary that we have the following information to facilitate communication.

LIST THREE (3) PEOPLE WE CAN CONTACT IN CASE OF AN EMERGENCY.

Name	Place of Work	Home Phone	Work Phone	Cell Phone

MEDICAL INFORMATION

Do you have any of the following conditions?

Asthma	() Yes () No	Hearing Problems	() Yes () No
High/Low Blood Pressure	() Yes () No	Do you wear a hearing aid?	() Yes () No
Diabetes	() Yes () No	Vision Problems	() Yes () No
Heart Disease	() Yes () No	Check the appropriate vision apparatus (if used)	
Epilepsy (Seizures)	() Yes () No	Wear contact lenses	() Yes () No
Severe Allergies	() Yes () No	Wear glasses	() Yes () No

Other health conditions not listed above: _____

Allergy (please specify): _____

Medication (list the name): _____

Serious illness or injury (include the year): _____

Physical or emotional limitations: _____

HEALTH CARE PROVIDER INFORMATION:

Name of Family Doctor: _____ Phone#: _____ Other#: _____

Type of Health Insurance: _____ Clinic Services at: _____

Hospital you will be sent to in case of an emergency: () GMHA () Naval Hospital

I, the undersigned, do hereby authorize GCC-CACGP personnel to contact directly the persons named on this form, and do authorize the Health Staff to render treatment as deemed necessary in an emergency. I also authorize the GCC-CACGP personnel to provide the referred health agency the necessary information regarding illness or injury.

Parent/Guardian Signature Date