

## 2022-2023 JCCS Release Form

Full Name: \_\_\_\_\_

Gender:

- Female  
 Male  
 Gender Nonconforming  
 Prefer not to Answer

Birth Date: \_\_\_\_\_ Adoption Date (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Street Address 1: \_\_\_\_\_ Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child Phone (if applicable): \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

### Participation Authorization

By registering for my child Joyous Chinese Cultural School (JCCS) program or activity, I agree to waive any claim of liability against JCCS/The Park/ CCAI, its staff, volunteers, and Board of Directors, in the event of any loss or injury resulting from participation in JCCS activities and events on the CCAI premises, or at other locations where CCAI activities may occur.

I understand and acknowledge that participation in JCCS involves inherent risk to my child including injury. I agree to release CCAI of all liability for any cost or expenses arising out of my child's participation in JCCS classes, including the cost of any medical care given to our child or any expenses or fees incurred in any lawsuit arising as a result of any damages or injuries caused by our child in the course their participation in JCCS. I further understand that CCAI is not responsible for accidents or injury that may occur.

I accept full responsibility for any medical expenses that might arise as a result of sickness or injury and understand that CCAI does not maintain medical insurance, which would cover any sickness or injury.

I authorize the Designated Supervisor(s) to authorize and consent to any medical care that they reasonably believes necessary, including hospitalization or surgery. CCAI will obtain the consent of a Emergency Contact when time and conditions permit.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### The Park

6940 South Holly Circle, Centennial, CO 80112

(303) 221-6688 | Fax: (303) 850-9997

info@theparkcenter.org

**Code of Conduct:**

To provide the safest and best experience, we have the following expectations for all JCCS participants:

- Absolutely no use or possession of any illicit substances, including but not limited to marijuana
- Respect for all personnel, peers, and property
- No inappropriate conduct with any peers or supervisors
- Abide by all laws of the city and state where this event is located

I understand that if I am found engaging in or in the possession of drugs or sexual conduct of any kind **I will be dismissed immediately, and it may be grounds for further legal and financial action taken against me.**

I have read and understand the above statements. I agree to act in accordance with this Code of Conduct. Failure to comply with any part of this Code of Conduct may result in my immediate dismissal from this event. In the event of dismissal, any travel arrangements and expenses will be my responsibility.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Photo Release**

I, \_\_\_\_\_, hereby give permission to CCAI to use photos of our child taken during JCCS in specific promotional material such as The Park Newsletter, CCAI Circle, CCAI/The Park/ JCCS website, print and social media. **My child's name will not accompany any photos that are used unless specifically permitted by me/us.**

- I give permission to CCAI to use my child's name for publication specified above.
- I don't give permission to CCAI to use my child's name for publication specified above.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contacts**

First & Last Name of Emergency Contact	Relation to Participant	Phone Number	Email Address

**Consent for Medical Treatment**

I, \_\_\_\_\_, authorize the Designated Supervisor(s) to obtain emergency medical treatment for my child during JCCS. I consent to hospital care to be rendered to my child at a recognized medical facility, under the general or special supervision of a qualified physician or surgeon. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my child and that I am responsible for all charges in connection with the care and treatment rendered to my child during this period.

I certify that I have read and understand the Release Form, that all responses made on this form are true and accurate, and that I will notify JCCS/The Park/CCAI hereafter of any relevant changes in the student's health that occur during the period this Release Form covers.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

Known Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Have you ever had or do you now have (check yes or no):

	Yes*	No		Yes*	No
Chicken Pox			Kidney Problems		
Hepatitis			Chronic Skin Problems		
Tuberculosis			Epilepsy		
Malaria			Fainting Spells		
Heart Disease			Diabetes		
High Blood Pressure			Anemia		
Chronic Chest Pain			Severe Anxiety		
Asthma			Surgery		
Chronic Gastrointestinal Problems			Other**		

\*Please give details about any items on which you checked “Yes”:

\*\*Please give details about any other medical problems you wish to note:

Have you been in good health for the past twelve months?	Yes	No
Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you in the past had any significant condition which is currently in remission?	Yes	No
Are you currently receiving, or have you received in the past two years, counseling for any emotional problems, drug addiction, alcoholism, psychiatric condition, or eating disorder?	Yes	No

Please elaborate below if you checked yes to any of the above:

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