



Los Angeles Unified School District  
 BEYOND THE BELL BRANCH  
**BEFORE AND AFTER-SCHOOL  
 PROGRAM APPLICATION/  
 AGREEMENT**

*For Staff Use Only*

<b>DISTRICT ID NUMBER</b>							
2022 - 2023							
<b>SCHOOL YEAR</b>							

SCHOOL OF ATTENDANCE: \_\_\_\_\_

Program Applying for:	Grant Funded Program (ASES/21st CCLC/ASSETs)	Name of Program: <b>EduCare Foundation</b>

**APPLICANT(S)**

PRINT NAME CLEARLY	<i>FIRST M.I. LAST</i>	APPLICANT'S EMAIL ADDRESS	DATE OF BIRTH	GRADE
STREET ADDRESS	APT #	CITY	ZIP CODE	

**PARENT(S)/GUARDIAN(S)**

LEGAL GUARDIAN'S NAME	LEGAL GUARDIAN'S NAME
PRINT NAME: <i>FIRST M.I. LAST</i>	PRINT NAME: <i>FIRST M.I. LAST</i>
PARENT'S/GUARDIAN'S EMAIL ADDRESS	PARENT'S /GUARDIAN'S EMAIL ADDRESS
PHONE NUMBER (MAIN)      PHONE NUMBER (OTHER)	PHONE NUMBER (MAIN)      PHONE NUMBER (OTHER)

**RELEASE OF LIABILITY**

The Beyond the Bell Before/After-School Program (hereinafter referred to as "BASP") is organized and run by the EduCare Foundation (hereinafter referred to as "EduCare") and operated at property and facilities owned by the Los Angeles Unified School District (hereinafter referred to as "LAUSD"). In exchange for participation in BASP, I acknowledge and agree for myself, my child registered in BASP and for the members of my family as follows:

**Assumption of the Risk:** There are risks inherent with all programs for children including in particular participation in BASP and at LAUSD facilities at which these activities take place which may result in injury, loss or damage and which may be caused by myself, my family or third parties and I expressly assume those risks.

**Liability Release:** I agree to hold harmless EduCare, their representatives and directors, counselors and staff of any liability in any way arising from or related to participation in BASP or other EduCare programs.

**Responsibility:** To the extent that the negligent, reckless or willful actions of me, my child registered in BASP, the members of my family or any others invited by the aforementioned individuals results in any claim, lawsuit or expenses of any kind to EduCare and/or BASP including their representatives and directors, counselors and staff, I agree to pay for all such damages or losses.

**Use of Image:** I give permission for my child to be filmed or photographed in person or virtually. I understand that all film or photos or other digital images or video are the sole property of the EduCare and BASP, and may be used in displays to the public, to publicize the program, or for printed materials published by and/or for the EduCare and BASP.

**Privacy Disclosure:** Only to the extent and for the duration minimally necessary for my child to participate in EduCare Foundation and BASP programs, I hereby consent to the disclosure of personally identifiable information from my child's education records under the Family Educational Rights and Privacy Act and allow for the Los Angeles Unified School District to disclose such information.

**EMERGENCY CONTACT/RELEASE INFORMATION** *(provide a minimum of two contacts)*

#1: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#2: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)
#3: RELATIONSHIP	NAME (FIRST LAST)	PHONE NUMBER(S)	ADDRESS (STREET CITY ZIP)

**I authorize the EduCare and BASP to contact, and if necessary, release the registered child to any of the above individuals listed as an Emergency Contact/Release Information. The above listed individuals must be 18 years or older.**

**In the case of an emergency, BASP staff will make every effort to contact the parents and/or guardians of the child before any treatment is begun. However, in the event we are unable to make contact with the parents or guardians, we require that the parent or guardian sign this medical release in order for their child to participate in programs.**

**I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY THE EDUCARE FOUNDATION AND/OR BASP STAFF TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD. It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs.**

**Construction of Agreement: This agreement shall not be construed against the drafting party by operation of law or otherwise for any reason. If any provision of this agreement is held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall in no way be affected or impaired and any invalid, illegal or unenforceable provision shall be limited or interpreted to the minimum extent necessary to cure its defect.**

**Voluntary Agreement: I am not under any pressure to sign this agreement and have been given the opportunity to review it with or without counsel including attorneys of my own choosing before signing it.**

**Amendment: It is understood that policies and terms of this agreement may be changed and amended, and, that I shall be informed in writing of such changes with a 30 day notice in advance. By choosing to continue to participate after being so informed, I will have accepted and agreed to any such changes or amendments.**

**I have read and understood all the information included in this agreement and by signing, I agree to adhere to its terms. I have received a copy of this agreement.**

**This agreement and registration is valid from July 1, 2022 through June 30, 2023.**

**Does your child have any physical, emotional, and/or learning difficulties? If so, please specify:**

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**Does your child have any food allergies? If so, please specify:**

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**ACKNOWLEDGEMENT**

_____	_____	_____
PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
_____	_____	_____
PARENT'S/GUARDIAN'S NAME (PRINT)	PARENT'S/GUARDIAN'S SIGNATURE	DATE
_____	_____	_____
SITE COORDINATOR'S NAME (PRINT)	SITE COORDINATOR'S SIGNATURE	DATE