Homework Club

VILLAGE KIDS

AGES 8 - 12
Get FREE Homework HELP this FALL!

Back to School
Beginning October 1st

FREE drop-in after-school program for Village kids ages 8-12. We offer: Homework help, snacks, reading, learning games, and much more!

Location: Community Center

PROGRAM HOURS
Monday/Tuesday/Thursday: 3:00-5:30 PM
Wednesday: 2:00-5:30 PM

*REGISTRATION is required*

Email: HWClub.UVA@gmail.com
UVA Homework Club

Registration Packet

Please complete the attached forms:
2013-14 Registration Form (2-Sided)
Parent Preference Questionnaire

Completed forms may be submitted in one of the following ways:
Drop them off for “Wendy Ellison” in the University Village Main Office

Or

Parent/Guardian delivers them to the HW Club Coordinator the day they begin Homework Club!

For more information:
universityvillage.berkeley.edu
Email: HWClub.UVA@gmail.com
Parent Preference Questionnaire

Parent: __________________________
Child: _________________________

Which days of the week will your child most likely attend the Homework Club program?

☐ Mondays    ☐ Tuesdays

☐ Wednesdays    ☐ Thursdays

Email notifications: Please indicate which email address you would like all important Homework Club program information to be sent to (including schedule changes, reminders, updates, etc).

__________________________________________________________________________

__________________________________________________________________________
UVA HOMEWORK CLUB

2013/2014 REGISTRATION FORM

ADDRESS: 1125 Jackson Street, Albany, CA 94706; TEL: 510-526-8505 ext. 251
FAX: 510-527-9934

PARTICIPANT INFORMATION:

Child’s Name________________________________________ Age________ Birthdate:________ Sec M F

Address___________________________________________

Street City CA ZIP

Parent / Guardian Name Home Phone Alt Phone Email

1.__________________________________________________

2.__________________________________________________

EMERGENCY CONTACTS/INFORMATION (Please list two additional contacts.)

Contact Person Telephone Relationship

1.__________________________________________________

2.__________________________________________________

Physician Name Physician Phone

Insurance Provider Policy #

Dentist Name Dentist Phone

Please list any allergies, physical, medical or emotional conditions (including Disabilities)

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL:

(Initial) “I understand and agree that this program is operated on a drop-in basis, and I authorize my child to arrive and depart at will at any time during operation hours. I understand that staff or volunteers are not responsible for my child’s attendance, nor responsible for informing me regarding my child’s attendance. I understand and agree that this program is not afterschool care, and that I am solely responsible for determining my child’s ability to present himself/herself at the program location. I understand and agree that the program staff are not responsible for monitoring or supervising my child’s activities before they arrive or after they depart.”

(Initial) “I understand that my child’s participation in the Homework Club program may be suspended or permanently revoked should my child engage in behavior that staff considers disruptive during the program. I understand that in such an event, I will be notified by email, and that my child will not be allowed to return to the program for the duration of the semester in which the suspension occurs.”
RELEASE

In consideration for my child's participation in the program listed above to be operated at University Village facilities, a program sponsored, directed & supervised by the University Village Staff &/or Volunteers, I understand that the University of California reserves the right to use, for publicity & advertising purposes, photographs of participants in the University Village Recreation Program.

Initial ______ Date____________________

AUTHORIZATION AND CONSENT FOR TREATMENT OF MINOR

() (We), the undersigned parent(s)/guardian(s) of __________________________, a minor, do hereby authorize University of California, Berkeley Health Services or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq. It is understood that this authorization is given in advance of any specific diagnosis; treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6930.

() (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my/our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283.

Parent/Guardian Name (Please Print) __________________________________________ Date __________

Participant's Name: ____________________________________________________________ (Please Print)

UNIVERSITY OF CALIFORNIA, UNIVERSITY VILLAGE
Waiver of Liability, Assumption of Risk, and Indemnity Agreement Waiver:

In consideration of being permitted to participate in any way in the above program I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in this program.

Signature of Parent of Minor Date __________ Signature of Participant Date __________

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's involvement in activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent of Minor Date __________ Signature of Participant Date __________

Participant's Age (if minor) __________