



**Parental Authorization for Student  
Participation in after school City Year  
Programs**



**Directions:**

- Students:** 1) Complete the "Student Agreement" section  
**Parent / legal guardian, if student is under 18 years of age, or student, if at least 18 years old:**  
1) Complete the "Authorization & Acknowledgement of Risks" section.  
2) Complete the "Medical Authorization" section.

<b>School Name:</b> Boston Green Academy	<b>Student Name:</b>
<b>Days of the Week:</b> This permission slip covers all weekdays	<b>Location:</b> BGA Middle School classrooms
<b>Purpose(s):</b> To be provided the space and support to complete class assignments and make more significant academic progress.	
<b>Schedule:</b> Homework Club supports will be available on Wednesday afternoons from 12:30-3:00. Weekday offerings will run from 3:00-4:00	
<b>Supervision:</b> Students will be directly supervised by BGA staff with City Year supporting the program.	
<b>Program Description:</b> The Homework Club is an after school space for students to complete and receive help with their homework. This space will have City Year Student Success Coaches who will tutor the students by helping them further understand their homework.	
<b>STUDENT AGREEMENT</b>	
While participating in homework club after school program, I understand I will be a representative of BGA and my community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by BGA school rules and the Boston Public Schools' Code of Conduct.	
_____ Student Signature	_____ Date

**AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS**

I understand that my/my child's participation in this after school activity is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the program (on the front page of this form) and authorize myself/my child to participate in the planned components of it.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this program, including any acts of negligence or otherwise from the moment that my student is under BPS/BGA supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless BPS/BGA and any of the individuals and other organizations associated with BPS/BGA in this field trip from any claim or liability arising out of my/my child's participation in this program.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the BPS Code of Conduct, and to abide by all decisions made by teachers, staff, and those in authority. I agree that BPS/BGA has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this program may at any time be terminated by BPS/BGA in the light of my/my child's failure to follow these regulations, or for any reason which BPS/BGA may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter program activities to ensure individual and/or group safety.

**MEDICAL AUTHORIZATION**

I certify that I am/my child is in good physical and behavioral health and I have/my child has no special medical or physical conditions which would impede participation in this after school program.

I agree to disclose to BGA any medications (including over-the-counter/herbal) and/or prescriptions which I/my child shall or should take at any time during the duration of the after school program.

In the event of serious illness or injury to my child/ward, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize the staff members to act on my behalf as parent/guardian of my child/ward while participating in the above described trip including the admittance to and release from a medical facility.

\_\_\_\_ **NO:** My child **DOES NOT** require medication during this trip.

\_\_\_\_ **YES:** My child **DOES** require medication during this authorized trip. **If you checked yes**, please describe in the space below the type of medication and the required administration of this medication. If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again. If necessary, attach additional page.

**MEDIA RELEASE**

By signing below, I grant permission to Boston Green Academy and City Year to record, film, photograph and publish (in print or electronic media) my student's name, image or work during the 2018-2019 school year. I release Boston Green Academy, City Year and the Boston Public Schools from any claims arising out of my student's participation/appearance in these works.

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

**SIGNATURES**

***The following statement must be read and signed by the student's parent or legal guardian:***

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: \_\_\_\_\_ to participate in all aspects of this program.  
(student)

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

***The parent/legal guardian must complete the information below:***

Print Parent/Guardian's First and Last Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (CELL, HOME, WORK) \_\_\_\_\_

Emergency Contact's First and Last Name (other than parent/guardians): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Emergency Contact Telephone #: \_\_\_\_\_