



2022-2023 BOOST Program Registration

STUDENT INFORMATION		
LAST NAME:	FIRST NAME & MIDDLE INITIAL:	GENDER:
DATE OF BIRTH:	GRADE:	TEACHER:
ADDRESS:		
RACE (White, Hispanic, African American, American Indian, Asian, Native Hawaiian or Other Pacific Islander):		
PARENT/ GUARDIAN INFORMATION		
LAST NAME:	FIRST NAME:	PHONE NUMBER:
ADDRESS:		INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____
EMAIL ADDRESS:		
RELATIONSHIP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER: _____		
LAST NAME:	FIRST NAME:	PHONE NUMBER:
ADDRESS:		INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____
EMAIL ADDRESS:		
RELATIONSHIP: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER: _____		
EMERGENCY CONTACT		
Please list at least (2) persons that we may contact if you are unavailable in case of an emergency.		
#1 RELATIONSHIP: <input type="checkbox"/> STEPPARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER: _____		
NAME:	PHONE:	INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____

#2 RELATIONSHIP: ☐ STEPPARENT ☐ GRANDPARENT ☐ FRIEND ☐ OTHER: _____

NAME:	PHONE:	INTERPERTER: <input type="checkbox"/> YES <input type="checkbox"/> NO LANGUAGE: _____
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DISMISSAL PLAN

Students will not be allowed to leave with anyone without written authorization from a parent/ guardian. Those picking up your child should present staff identification. Also, please let us know if there is someone that is prohibited from picking up your child.

Please list those (other than parent) who may pick up your child:		
NAME:	NAME:	NAME:
PHONE:	PHONE:	PHONE:

MEDICAL INFORMATION

Does your child currently take any medications? If so, please list:

ALLERGIES: ☐ SEASONAL ☐ BEE ☐ INSECT ☐ FOOD: _____ ☐ MEDICATION: _____
☐ OTHER: _____

Does your child require an EpiPen? ☐ YES ☐ NO

Does your child have any current health concerns that staff should be made aware of? ☐ YES ☐ NO

Please describe:

EMERGENCY CARE: In case of serious illness or injury and a parent/ guardian cannot be reached, I consent for my child to be taken to a hospital, by ambulance if necessary, for medical care. BCOH will not be responsible for any costs of such not covered by insurance.

Signature of Parent/ Guardian: _____

PREFERENCES/ ACCOMMODATIONS

Please indicate your response for each of the following:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Would you like to receive communications via text messages? If yes*, what phone number: _____
{* BCOH not responsible for costs associated with your cell phone plan. Standard messaging rates apply.}	
<input type="checkbox"/>	<input type="checkbox"/> Would you like to receive communications via email? If yes, what email address: _____

PERMISSIONS

I grant permission to BCOH to take photos, videos, electronic images, audio recordings, and quotations of my child and to use them in publications and reports about the program.

Initial here if YES _____ **Initial** here if NO _____

I grant permission to allow my child supervised access to the internet and educational programs that require access. For example: Google, Zoom, etc.

Initial here if YES _____ **Initial** here if NO _____

I grant permission to BCOH and Washington County Public Schools to share information regarding my child including but not limited to; academic scores/ grades, teacher consultations, individual student plans such as IEP/ 504, student email addresses, attendance and disciplinary data, as well as student and family contact and consent information.

Initial here if YES _____ Initial here if NO _____

LIABILITY WAIVER

In exchange of participation in BOOST, organized by Bester Community of Hope (BCOH) and its affiliates:

- I, and anyone claiming on my behalf, release and forever discharge BCOH and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known or unknown, which I may have or claim to have against BCOH and its affiliates arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of my child participating in the activity.
- I understand that my child's participation in the activity involves inherent risks, including risk of physical injury, pain, suffering illness, disfigurement, temporary or permanent paralysis and/or death, and I assume all related risks and voluntarily all my child to participate in the activity.
- I agree to indemnify BCOH and its affiliates any and all claims, actions, lawsuits, damages and judgments, including attorney's fees, arising out of or relating to my child's participation in the activity.
- I grant permission to BCOH and its affiliates to administer general first aid treatment for any minor injuries or illnesses. If the injury or illness is life threatening or in need of emergency treatment, I authorize BCOH and its affiliates to summon any and all professional emergency personnel to attend, transport, and treat the minor. I agree to assume financial responsibility for all expenses of such care.

BESTER COMMUNITY OF HOPE: COMMUNITY RIGHTS AND RESPONSIBILITIES

- All people have the right to be themselves
- All people have the right to their feelings and values
- All people have the right to be heard
- All people have the right to be treated with dignity and respect
- All people have the right to privacy and confidentiality
- All people have the right to a safe and secure environment
- All people have the right to respectfully disagree and hear others out when communicating
- All people have the right to make decisions about service or support, including the right to refuse or discontinue services or support
- All people have the responsibility to create an environment where the above is available to all

By signing this form, you attest that all information is factual and accurate. You also acknowledge that if your information changes for any reason, you will notify program staff.

SIGNATURE OF PARENT/ GUARDIAN

DATE



BOOST Club Selection

CYCLE 1: September 12th - November 4th, 2022

Students are limited to selecting **ONE** club per day and no more than **THREE** clubs per week.

Check the box to the left to indicate your choice.

STUDENT NAME: _____ GRADE: _____

Select	Club Title	Free Clubs	Dates	Days
	Green Thumbs	In this club students will learn about nutrition and physical activity through gardening. Growing your own food with friends can be very exciting. Teamwork makes the dream work! Grades K, 1, 2 Limit: 15 students	Begin Sep. 12th End Oct. 31st	Monday
	Crazy Characters	Students will create their very own cartoon character! Collaborating with their peers along the way to bring their characters to life. Grades 3, 4, 5 Limit: 15 students	Begin Sep. 12th End Oct. 31st	Monday
	Girls on the Run	This club inspires girls to build confidence and other important life skills through interactive lessons and physical activity. The lessons focus on building social, emotional, and physical skills in girls while encouraging healthy habits for life. Grades 3, 4, 5 Limit: 15 students	Begin Sep. 12th End Nov. 3rd	Monday & Thursday
	Fitness Finder	Let's Get Active! Students will track their physical activity through this club. Club members will set goals, form habits and most importantly have fun. Grades K, 1, 2 Limit: 20 students	Begin Sep. 13th End Nov. 1st	Tuesday
	Kickball	Wanna learn how to kick a ball as far as Mr. Rau? Come learn the rules of the game and how to really kick a ball from the legend himself! Grades 3, 4, 5 Limit: 20 students	Begin Sep. 13th End Nov. 1st	Tuesday
	Hip Hop Galore	Hip Hop dancing can be a great way to get moving. Learn the basics in becoming a hip hop Superstar. Grades 3, 4, 5 Limit 15 students	Begin Sep. 14th End Nov. 2nd	Wednesday
	Soccer And More	Join Ms. Matan out on the soccer field as she dribbles past you to score a goal. Good sportsmanship and teamwork will be emphasized on the field. Grades K, 1, 2 Limit 15 students	Begin Sep. 14th End Nov. 2nd	Wednesday
	Spanish Club	Have you ever wanted to learn another language? Here is your chance learn the basics of speaking, reading and writing Spanish. Grades 3, 4, 5 Limit 15 students	Begin Sep. 14th End Nov. 2nd	Wednesday
	Kickball	Wanna learn how to kick a ball as far as Mr. Rau? Come learn the rules of the game and how to really kick a ball from the legend himself! Grades 3, 4, 5 Limit 20 students	Begin Sep. 15th End Nov. 3rd	Thursday
	Crafting Up a Storm	This club will help foster our students social and emotional skills while diving into different art that inspires students to be creative and think outside of the box. Grades 2 & 3 Limit 15 students	Begin Sep. 15th End Nov. 3rd	Thursday
	SPARK	Students will participate in a variety of sports and SPARK a connection to learning cooperation, culture, fitness, and living a healthy lifestyle. Grades 3, 4, 5 Limit: 30 students	Begin Sep. 16th End Nov. 4th	Friday

PARENT SIGNATURE: _____ DATE: _____

Parent, Guardians and Athletes:
Please read, sign, and return this
form prior to the start of any
practice or tryout.

Concussion Information Sheet

What is a concussion?

According to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC):

"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs." Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms Reported by Athlete	Signs Observed by Coaching Staff
• Headache or "pressure" in head	• Appears dazed or stunned
• Nausea or vomiting	• Is confused about assignment or position
• Balance problems or dizziness	• Forgets an instruction
• Double or blurry vision	• Is unsure of game, score, or opponent
• Sensitivity to light	• Moves clumsily
• Sensitivity to noise	• Answers questions slowly
• Feeling sluggish, hazy, foggy, or groggy	• Loses consciousness (<i>even briefly</i>)
• Concentration or memory problems	• Shows mood, behavior, or personality changes
• Confusion	• Can't recall events <i>prior</i> to hit or fall
• Does not "feel right" or is "feeling down"	• Can't recall events <i>after</i> hit or fall

What can happen if my child keeps playing with a concussion or returns too soon?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms leaves the athlete vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after the concussion occurs, particularly if an athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that young athletes often under report symptoms of injuries and concussions are no different. As a result, the education of coaches, parents, and athletes is the key for safety.

Concussion Information Sheet

What happens if you think your child has suffered a concussion?

Any athlete even suspected of suffering a concussion should be removed from play immediately. No athlete may return to activity after an apparent head injury or concussion, regardless how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. Our organization requires the consistent and uniform implementation of well established return to play guidelines:

- A young athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.
- The athlete not return to play until they are evaluated by an authorized health care provider trained in the evaluation and management of concussions and received written clearance to return to play from that health care provider.
- Parents and coaches should inform each other of if they think the athlete may have a concussion. Remember it is better to miss one game than to miss the whole season. When in doubt, sit them out.

What are the criteria for gradual return to play?

No symptoms at rest/no medication used to manage symptoms.

No return of symptoms with typical physical and cognitive activities of daily living.

Neurocognitive functioning at typical baseline.

Normal balance and coordination.

No other medical/neurological complaints/findings.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/Concussion>

ACKNOWLEDGEMENT FORM

Please detach this Acknowledgement Form and return it to _____.

Please retain the documents that have been provided for your future reference.

I hereby acknowledge that I received the Concussion Information Sheet and the Fact Sheet for Athletes and Parents. I certify that I understand the information that has been provided concerning the signs, symptoms, prevention and treatment of concussions and the seriousness of concussions.

Athlete Name

Athlete Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Adapted from the CDC. Document created 6/7/2011