



Date: _____ Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____ Student ID#: _____

Gender (circle): M F Race: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Phone: (Home) _____

Mother's Work Phone _____ Mother's Cell Phone: _____

Father's Work Phone _____ Father's Cell Phone: _____

Parent/Guardian Email: _____

Parent/Guardian Email: _____

Is your child enrolled in the extended-day program at the school? Yes _____ No _____

Was your child enrolled in the CHP Champions program last year? Yes _____ No _____

What types of activities is your child involved in after school hours? _____

(See Reverse Side)

I give permission for my child _____ (“Child”) to participate in the *CHP Champions* extended day program. *CHP Champions* is an optional after school service of the School Board of Leon County (“Board”), in partnership with World Class Schools, Inc. (“WCS”), Capital Health Plan, Inc. (“CHP”), and Titus Sports Academy, Inc. (“Titus”) (collectively, the “Partners”). *CHP Champions* is designed to help children improve their health, fitness, and self-confidence through physical activity and play for 45 minutes twice weekly. *CHP Champions* will also focus on self esteem building through mastery of physical skills and positive coaching techniques.

I understand children in *CHP Champions* will have their health, fitness and self-confidence measured each semester. This information will be gathered on a child specific basis and will be used by the Partners to evaluate the program. I hereby give my consent for the collection and sharing of the following kinds of information about my Child by and between the Partners:

- Health data- which may include, but is not limited to, the student’s:
Height; weight; blood pressure; body mass index (BMI); and ability to engage in several health related activities, like running, walking, crunches, curl ups, etc.
- Answer to questions about physical activity and self-confidence

I understand that my Child’s name will not be disclosed to third parties other than the Partners and that all such information given to the Partners will be held confidential by the Partners.

I also give permission for video taping of the lessons and activities in which my Child may be participating. These video tapes will be utilized to verify the quality of the program. _____ yes _____ no

As part of efforts to evaluate the *CHP Champions* program, I give my permission to be contacted by telephone or letter in the future. I understand that I may be asked some questions about my child’s or our family’s health habits.

_____ yes _____ no

Does your child have a medical condition? _____ yes _____ no

If yes, please describe: _____

Does exercise make your child’s medical condition worse: _____ yes _____ no

If yes, please explain: _____

Does your child take any medications on a daily basis?

If yes, what is the name of the medication: _____

If yes, how often does the child take the medication: _____ per day

Is the medication given: _____ at home _____ at school

The undersigned as the parent(s) and/or legal guardian(s) of the Child do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of participation in the *CHP Champions* program. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment shall be the responsibility of the parents.

The undersigned parent(s) and/or guardians of the Child are aware that participation in the *CHP Champions* program includes physical activities which by their nature include an inherent danger and risks of physical injury. Because of the inherent dangers of participating in physical activity, I (we) will instruct my (our) children of the importance of following coaches’ instructions regarding techniques and training and direct my child to obey such instructions. In addition, in consideration of my Child’s permission to participate in the *CHP Champions* program and to engage in all related activities, the undersigned parent(s) and/or guardians on behalf of themselves, their families and the student assume all the risks associated with participating in the *CHP Champions* program and agree to release and hold the Partners, and all of their employees, agents, representatives, coaches, and volunteers harmless from any and all liability in connection with the participation of the Child in any activities related to the *CHP Champions* program.

Parent Name (print)

Parent Signature

Date

(See Reverse Side)