



Youth Registration Form

Please note that your child or children **MUST** be at least **9** years old in order to attend **One Village Alliance (OVA)** programming. Please fill out one registration for **COMPLETELY & LEGIBLY** for all of your children in your household.

OVA Site Location (Circle One)

OVA Freedom | OVA Harvest Point | Other Site: _____

Child's name _____ DOB _____ Gender _____ Grade _____ School _____

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Child's name _____ DOB _____ Gender _____ Grade _____ School _____

Child's name _____ DOB _____ Gender _____ Grade _____ School _____

Address _____

Parent/Guardian's Name _____ Email _____

Contact Phone Numbers (Cell, Home, Work) _____

Parent/Guardian's Name _____ Email _____

Contact Phone Numbers (Cell, Home, Work) _____

I already have an Acorn Fund, which invests in college savings account for every child living or attending public school in Salem City.

Please share my information with the Forman Acton Foundation to sign me up for an Acorn Fund. (Salem city residents only.)

Emergency Contact

Name _____ Contact Phone Numbers _____

Name _____ Contact Phone Numbers _____

Allergies? If yes, please explain. **(YOU MAY NOT LEAVE THIS BLANK)**

Review, complete, sign and date next page...

One Village Alliance Mission

Agency Mission: One Village Alliance 501(C)3 takes a community-based, people-fueled approach to uplift children and their families on a holistic journey toward excellence through education, entrepreneurship and the arts. It truly does take a whole village to raise a child... Together, WE are "the village"!



Liability Waiver for Participants

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the One Village Alliance, (OVA) its directors, affiliates, sponsors, managers, and all team members/staff from any and all claims, demands, or cause of action, which are in any way connected with participation in activities sponsored by OVA, while using equipment or facilities, including such claims which allege negligent acts or omissions of OVA, its directors, organizers, sponsors, managers, or any other appointed team member.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which would interfere with my safety in OVA activities, or I am willing to assume, and bear the cost of all risks that may be created, directly or indirectly, by any such condition.

Photography Waiver

I hereby authorize One Village Alliance, (OVA) to use and reproduce any photographs, personal narrative, interviews, or audio and video recording of my participation in OVA activities for educational purposes. Note: _____

Permission/Release

1. I permit my child(ren) to participate in activities that One Village Alliance conducts outside the One Village Alliance facilities.
2. I understand that One Village Alliance is not responsible for any personal items, lost or stolen, at our programs.
3. Once my child has signed in the after school program, I understand that there will be no running in and out of the program. At the end of the program, children will be released and are no longer under One Village Alliance's supervision.
4. I understand that there will be special opportunities and incentives based on student attendance and performance
 - Photography: I permit One Village Alliance to use images of my child as a program participant in internal and external promotional material. This includes any printed material, broadcast, print advertising, promotional videos, and the One Village Alliance website which are published and maintained by One Village Alliance. I also permit One Village Alliance to use images of my child(ren) in broadcast and print media news coverage of One Village Alliance.**

I hereby grant my child/children permission to be released from program premises promptly at scheduled program end. I take full responsibility to pay \$5 per minute late fee per the following release instructions for my child(ren):

My Child(ren) is/are permitted to be released to walk home promptly at program end time.

My child(ren) will be picked up promptly at program end by the following authorized individuals

○Name: _____ Phone Number: _____

○Name: _____ Phone Number: _____

○Name: _____ Phone Number: _____

I have read, fully understand, and agree to the policies stated above.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date

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