STUDENT/CHAPERONE REGISTRATION FORM

SCHOOL & PRINCIPAL INFORMATION **(Please Print Legibly or Type)**

School:			
School Phone Number:		School Fax Number:	
Mailing Address:			
City/State/Zip:			
Principal's Salutation:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.		
Principal's Last Name:		First Name:	
Email Address:			

CHAPERONE'S INFORMATION (the SER National requires *one chaperone per 10 students*. Additional chaperones will be required to pay the full registration).

☐ Teacher ☐ Counselor ☐ Parent/Legal Guardian ☐ Parent/Legal Guardian ☐ Relative (at least 21 yrs old)	
Salutation:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.
Last Name:	
First Name:	
Gender:	☐ Male ☐ Female
Daytime Phone:	
Cell Phone:	
Mailing Address:	
City/State/Zip:	
Email Address:	
Vegetarian:	☐ Yes ☐ No

☐ Teacher ☐ Counselor ☐ Parent/Legal Guardian ☐ Parent/Legal Guardian ☐ Relative (at least 21 yrs old)	
Salutation:	☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.
Last Name:	
First Name:	
Gender:	☐ Male ☐ Female
Daytime Phone:	
Cell Phone:	
Mailing Address:	
City/State/Zip:	
Email Address:	
Vegetarian:	☐ Yes ☐ No

Please fax or mail the required information to be received by 3/8/2019

SER National Office
Daniel Lugo dlugo@ser-national.org
469-549-3694 (Phone) • 469-549-3686 (Fax)

STUDENT INFORMATION **(Please make additional copies of pages as needed)**

Last Name:		First Name:	
Mailing Address:			
City/State/Zip:			
Home Phone Number:		Cell Phone Number:	
Email Address:			
Gender:	☐ Male ☐ Female	Grade:	☐ 9 ☐ 11 ☐ 10 ☐ 12
Ethnicity (Select One):	☐ Central American ☐ Cuban American ☐ Mexican American ☐ Native American ☐ South American ☐ White/Anglo American ☐ Asian American ☐ Puerto Rican ☐ African American Other _____		
Special Accessibility Needs:	☐ Yes ☐ No	Vegetarian:	☐ Yes ☐ No
I have taken Number of AP classes:	☐ Math Classes ☐ Science Classes ☐ Other Classes: _____		
I have taken Number of Honor classes:	☐ Math Classes ☐ Science Classes ☐ Other Classes: _____		
My Grade Point Average:	☐ 95-100 (A+) ☐ 95-100 (A) ☐ 85-89 (B+/B-) ☐ 80-84 (B) ☐ 75-79 (C+/B-) ☐ 75-79 (C) ☐ 65-69 (D+/C+) ☐ 60-64 (D) and below		
Are you interested in the Military:	☐ Yes ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy ☐ No		
University you plan to attend:		College Major you intend to study:	
I have a brother or sister in College.			☐ Yes ☐ No
I have a brother or sister who graduated from college.			☐ Yes ☐ No
I give SER permission to place me on their mailing list and/or email list to only receive information about college opportunities.			☐ Yes ☐ No

SER Jobs for Progress National Inc., and Tarrant County College

MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

Participant's Name	
Parent or Legal Guardian Name	

SER Jobs for Progress National Inc., and Tarrant County College offers Community Day through the _____. A description of Community Day online at https://ser-national.org /community day.

As participant's parent or legal guardian, I understand and acknowledge that certain risks are inherent to participating in recreational activities and Community Day, due to one's own actions, the actions of others or a combination of both. These risks may result in injury, minor or serious, as well as damage to personal property. If I have any specific questions about Participant's safety or the risks associated with Community Day, I understand that I should speak to the staff of SER Jobs for Progress National Inc., and Tarrant County College.

Knowing the risks and in consideration of being permitted to participate, I do agree to assume all risks of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child's participation in Community Day. I also, hereby release, waive, indemnify, hold harmless and discharge SER Jobs for Progress National Inc., and Tarrant County College, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my child's activities, including the use of equipment and facilities provided by SER Jobs for Progress National Inc., and Tarrant County College.

I,_____, release and hold harmless the academic host SER Jobs for
parent/legal guardian (please print) Progress National Inc., and Tarrant County College and any and all of its employees or volunteers from any and all liability for any and all harm arising to my son/daughter as a result of the field trip and/or activities, and waive any claims against them.

In the event of an emergency and if neither emergency contact can be reached; I,_____ the undersigned, authorize SER Jobs for Progress National Inc., and Tarrant County College to take any emergency medical measures deemed necessary for the care and protection of my child. This includes, if necessary, treatment by a physician, paramedic, and/or transfer to the hospital. I give permission for limited treatment for minor illness and/or injuries. In case of emergency, the student will be referred to the nearest medical facility for care at the expense of the parent or under insurance provided by the student's insurance.

Please indicate the name of the student's insurance provider. Students should immediately report any injury or illness symptom to the chaperone or SER Jobs for Progress National Inc., and Tarrant County

SER Jobs for Progress National Inc., and Tarrant County College

MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

College. Failure to report such a condition would be the sole responsibility of the student, and SER Jobs for Progress National Inc., and Tarrant County College would not be held responsible in case the situation worsens.

Students should immediately report any injury or illness symptom to the chaperone or SER Jobs for Progress National Inc., and Tarrant County College. Failure to report such a condition would be the sole responsibility of the student, and SER Jobs for Progress National Inc., and Tarrant County College would not be held responsible in case the situation worsens.

I further understand that SER Jobs for Progress National Inc., and Tarrant County College does not provide health insurance for individuals participating in Community Day. As such, either I or my personal health insurance will be responsible for payment of medical services and care for any injuries sustained during Community Day.

By signing this form, I am stating that I have read this waiver and notice of risk, fully understand its terms and understand that it affects my legal rights and how it affects those legal rights. I am signing this waiver and notice of risk knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent of the law.

Print Participant's Name Date

Print Parent/Legal Guardian's Name Parent/Legal Guardian's Signature Date

SER Jobs for Progress National Inc.,
and Tarrant County College

PHOTOGRAPH RELEASE AND CONSENT FORM

I, the signed below, do hereby give SER National Jobs for Progress Inc. and Tarrant County College the irrevocable right to use photographs of me, and or my property, my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or modified representations, for advertising, trade or any other lawful purposes, without further compensation to me, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. All negatives, positives, and digital files, together with the prints shall constitute SER National and Tarrant County College's property, solely and completely. I am of full age. I have read this release and am fully familiar with its contents.

Name of Student	
Age	
School	
Grade	
_____ Participant's Name (printed)	_____ Participant's Signature
_____ Email Address	_____ Phone Number

_____ _____

Parent/Guardian Signature Parent/Guardian Name (printed)

_____ _____

Relationship to Student Date

**Please note: When photographs or quotes are used in SER Jobs for Progress National Inc., and Tarrant County College's publications, a copy of the publication is sent to the school.*

SER Jobs for Progress National, Inc.
and Tarrant County College

EMERGENCY CONTACT AND MEDICAL FORM

Name of Minor Participant: _____ Date of Birth: _____

Name of Parent or Legal Guardian: _____

Address: _____
Street Address *City* *State* *Zip*

Home phone: _____ Business Phone: _____ Cell Phone: _____

Emergency Contacts/Authorized Pick-Ups: (required)

Please list other possible individuals who may be contacted in case of emergency if you are not available, and whether or not they are authorized to pick up the minor. Please note, any person not listed below WILL NOT be permitted to pick up the minor without written permission from a parent or legal guardian.

Name	Phone	Pick-Up?	Relationship to Minor
1.		**YES / NO**	
2.		**YES / NO**	
3.		**YES / NO**	

Medical Conditions/Allergies: (required)
If the minor has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.) including medications currently taken. Use reverse side if necessary.

Medical Condition(s):	Medication/Dosage:	With Minor?
		YES / NO
		YES / NO
		YES / NO
Allergies:	**Describe reaction:**	**Severity?**
		LOW/MED/HIGH
		LOW/MED/HIGH

Primary Care Physician's Name: _____ Phone: _____

Health Insurance Company Name: _____ Policy Number: _____

SER Jobs for Progress National, Inc.
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EMERGENCY CONTACT AND MEDICAL FORM

I verify that all the information provided is correct and complete. I realize that participation involves an inherent potential risk. In the event of an emergency, I authorize SER Jobs for Progress National Inc., and Tarrant County College and its agents or representatives to arrangement as reasonably necessary to ensure my child's welfare. In the event of an emergency, permission is granted to SER Jobs for Progress National Inc., and Tarrant County College to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the minor. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

_____	_____	_____
Signature of Parent/Legal Guardian	Print Parent/Legal Guardian Name	Date