



# NEW LEX ARCHERY PANTHERS

## 2023-2024 New Lex Archery Sign-Up Form

New Lexington students in grades 4-12 are eligible to join the New Lex Archery team. There will be a parent information meeting on **Tuesday, October 24<sup>th</sup> at 6:00 p.m.** in the New Lex Elementary cafeteria. Please complete this form, **front and back**, and bring it to the meeting.

Practices begin in November and are held twice a week. The season runs into early May. No archery experience necessary. There is a \$25 fee that can be paid at the parent meeting or during the first week of practice.

**Student Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Phone:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**School:** NLE \_\_\_\_\_ JCE \_\_\_\_\_ MS \_\_\_\_\_ HS \_\_\_\_\_

**Grade** \_\_\_\_\_

**T-Shirt Size:**

YS	YM	YL	YXL	S	M	L	XL	Other

**\*The archery team has a partnership with the 21st Century After School program. Archers are required to be enrolled in the after school program and to attend after school sessions.**



# New Lexington City Schools

## EMERGENCY MEDICAL AUTHORIZATION

In case of an **emergency**, the school staff will contact 911. Every attempt will be made to contact a **parent/guardian**, or a listed **emergency** contact.

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender:  M  F Building:  HS  MS  NLE  JCE

Family resides:  with another family,  in a shelter,  in a motel car or campsite  none of these  
 Check any current health condition that may require attention during the school day:  
 Foods  Asthma  Cancer  
 Diabetes  Seizures  Hearing problems / Hearing aid(s)  
 Medicines (be specific): \_\_\_\_\_  Bee sting or insect bite: \_\_\_\_\_  
 \_\_\_\_\_  
 Heart problems (be specific): \_\_\_\_\_  Physical disability (be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 Respiratory (be specific): \_\_\_\_\_  Vision problems (be specific): \_\_\_\_\_  
 \_\_\_\_\_ glasses \_\_\_\_\_ contacts  
 Other (be specific): \_\_\_\_\_  Allergic Reaction to: \_\_\_\_\_

List all medications and dosages your child receives on a continual basis:  
 \_\_\_\_\_  
 \_\_\_\_\_

### CONTACT INFORMATION

Student resides with, mark all that apply:  Father  Mother  Step-Parent  Guardian \_\_\_\_\_  
 Any parent with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

Father  Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mother  Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_  
 Address:  same  
 Home Phone:  same Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Please list three persons we may call if the parent(s) or guardian cannot be reached who have your permission to make decisions concerning your child in the event of an **emergency**. We will assume these **persons** may also **pick up your** child from school.

Name of Person	Relationship	Home Phone	Cell Phone

### PHYSICIAN / DENTIST INFORMATION

My child's medical care is provided by: \_\_\_\_\_ Telephone: \_\_\_\_\_  any available  
 My child's dental care is provided by: \_\_\_\_\_ Telephone: \_\_\_\_\_  any available

**Sign Either The Consent or The Refusal, but NOT BOTH!!**      **Sign Either The Consent or The Refusal, but NOT BOTH!!**

Consent

*The school **DOES HAVE** my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent

Refusal

*The school **DOES NOT HAVE** my permission, in case of an emergency when I cannot be contacted, to take my child to the emergency room or the nearest hospital. **The school should follow the instructions I have listed on the back side of this sheet.***

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refusal

**Sign Either The Consent or The Refusal, but NOT BOTH!!**      **Sign Either The Consent or The Refusal, but NOT BOTH!!**



# Project Y.O.U. (Youth Opportunities Unlimited) Afterschool 2023-2024

## Enrollment Form and Emergency Medical Information

### Junction City Elementary School

Please be sure to fill out **both** sides of this form

Student Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Does the Student have an IEP or a 504 Plan? Y \_\_\_ N \_\_\_

Are Parents Divorced/Separated? \_\_\_ If yes, with whom does the student live? \_\_\_\_\_  
If applicable, please list the name of the step-parent \_\_\_\_\_

Mother/Guardian/Step-Parent information	Father/Guardian/Step-Parent information
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____

<b>Before School</b> Begins 9/25/23 7:30am - 8:45 am Monday - Friday	<b>After School</b> Begins 10/9/23 3:30 pm - 6:15 pm Monday - Thursday
---	---

**Attendance**  
Regular attendance in the afterschool program is strongly encouraged in order to get the most benefit. Students who attend 30 or more days are shown to improve in grades, math and reading proficiency, homework completion, class participation, and behavior issues. Please encourage your student to attend as often as possible for academic work, clubs, socialization, etc. Additional info is provided the parent/student handbook.

I am interested in the following days:

**Before School - 7:30 am - 8:45 am**  
Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

**After School - 3:45 pm - 6:15 pm**  
Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_

If available, I am interested in transportation for my child  
Yes \_\_\_ No \_\_\_



**PLEASE FILL OUT BOTH PAGES OF FORM**  
**LIST THREE PERSONS WHO ARE AUTHORIZED TO PICK UP THE STUDENT**  
**Three people are the State required minimum; more can be listed on a separate sheet of paper.**

Name and Relationship _____	Name and Relationship _____	Name and Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____	Work Phone _____

Please select **ONE** sign-out option below.

My child **MAY** sign him/herself out. I understand that Project YOU is not responsible for my child's safety or whereabouts after leaving the program.

**OR**

My child **MAY NOT** sign him/herself out. Only myself or an adult listed above will sign my child out each day he/she attends. I understand that if my child is picked up late more than 2 times he/she may be asked to not return to the program.

**Initials** \_\_\_\_\_

**Initials** \_\_\_\_\_

**If Applicable, DO NOT RELEASE** - The following people can not take my student (court papers required)

Name/Relationship _____	Papers received on _____
Name/Relationship _____	Papers received on _____

**State Licensing requires that we have the following information for each student**

Preferred Physician \_\_\_\_\_ Preferred Dentist \_\_\_\_\_  
 Does student have any food, medication, or environmental allergies? \_\_\_\_\_ If yes, please list and explain: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION - Choose ONE**

Project YOU **HAS PERMISSION** to secure emergency transportation for my student in the event of illness or injury. The emergency transportation service will determine the facility to which my child will be transported

**OR**

Project YOU **DOES NOT HAVE PERMISSION** to secure emergency transportation for my student in the event of illness or injury which requires emergency treatment

**Initials** \_\_\_\_\_

**Initials** \_\_\_\_\_

**ACKNOWLEDGEMENT OF POLICIES & PROCEDURES**

I, the afterschool student \_\_\_\_\_ understand that the Project YOU afterschool program is an extension of the school day and has the same high expectations for student success and behavior. I also understand that my participation in homework help, clubs, field trips, and other activities are based on my actions and attitude during afterschool **and** the regular school day. As a New Lexington student and a Project YOU enrollee I agree to respect my peers, afterschool staff, equipment and myself.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, the parent or guardian \_\_\_\_\_ give my student permission to attend the Project YOU afterschool program. I will read the **PROJECT YOU handbook** that describes the policies of the program. I will discuss that information with my student, specifically the behavior policy. I understand that in order for my student to receive the maximum benefit from the program afterschool staff will receive information from the student's regular classroom teachers as well as use information obtained from the DESSA (Devereux Student Strengths Assessment) to be completed upon beginning the program.

Y \_\_\_ N \_\_\_ My student has permission to access the Internet for educational purposes under supervision of the staff.  
 Y \_\_\_ N \_\_\_ I give permission for my student's photograph to be taken during activities and used for program promotion.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_