

Break the Barriers, Inc.

... where barriers are explored and broken; celebrating all levels of victories and achievements.

Family Information

(Please Print)

Parent 1 First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

E-mail address _____

Parent 2 First Name _____ Last Name _____

Cell Phone _____ Home Phone _____

Work Place _____ Work Phone _____

| | | | | |
|-----------------------------|------------------|----------------------|------------|------------|
| <u>Student's First Name</u> | <u>Last Name</u> | <u>Date of Birth</u> | <u>Age</u> | <u>M/F</u> |
|-----------------------------|------------------|----------------------|------------|------------|

1. _____

2. _____

3. _____

4. _____

I give my consent and approval for the above to participate in activities, programs, (T.V. , radio, video taping) and to be photographed as part of Break the Barriers, Inc. endeavor to explain their role of educating the public.

Circle One: Yes No _____ Initial

Waiver and Release From Liability: To Break The Barriers, Inc., I hereby consent to the above named students participating in the programs, performances and classes that are conducted by or affiliated with Break the Barriers, Inc. I acknowledge that the programs, performances, and classes shall expose participants to certain risks, which include, but are not limited to: risks related to the associated physical activities, and other risks, some of which may not be specifically foreseeable. I certify that I am the parent or guardian of the participant identified above. I acknowledge that my child or ward's participation is voluntary and undertaken with full assumption of all risks associated with the programs, performances, and classes, including the risks listed above and all other risks that are not specifically listed above. This release is intended to discharge in advance Break the Barriers, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents from and against any and all liability arise out of negligence or carelessness on the part of the entities and persons mentioned above. I hereby waive, release, and discharge on my child's or ward's behalf, and on behalf of his/her heirs, dependents, estate and any other representatives, including myself, any and all claims, which may exist or which may hereafter occur, against Break the Barriers, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents for any injury, accident, illness, or death arising out of or in any way related to the programs, performances, and classes and other events that are sponsored or affiliated with Break the Barriers, Inc.

Signature of Parent/Guardian _____ **Date** _____

Emergency Medical Authorization

Should it become necessary for my child, ward to have emergency medical treatment while participating in any activities associated or affiliated with Break the Barriers, Inc. (hereafter "BTB"). I hereby authorize BTB personnel to use their judgment in obtaining emergency medical services. I further authorize any individual selected by BTB personnel to render such emergency medical treatment to my child, ward, as he/she may deem necessary and appropriate. I understand that BTB is not responsible for paying the medical or hospital costs that might be incurred on behalf of child, ward. Consequently, I understand and agree that any and all such costs shall be my sole responsibility.

Signature of Parent/Guardian

Emergency Contact (Outside of household) Phone Number

Rules Confirmation

I have read and understand the rules at "Break the Barriers Inc." _____ Initial

.....

I was referred by or learned about "Break the Barriers" from:

I would like to be on the mailing list () Yes () No

I would be interested in doing volunteer work () Yes () No

Grant Survey (Optional)

HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____

IS THIS A SINGLE PARENT HOUSEHOLD? YES _____ NO _____

IS THERE A DISABILITY IN THE HOUSEHOLD? YES _____ NO _____

FAMILY INCOME – PLEASE CHECK ONE

- A. 0 TO \$15,000 _____
- B. \$15,001 TO \$20,000 _____
- C. \$20,001 TO \$25,000 _____
- D. \$25,001 TO \$30,000 _____
- E. \$30,001 TO \$35,000 _____
- F. \$35,001 TO \$40,000 _____
- G. \$40,001 TO \$45,000 _____
- H. \$45,001 TO \$50,000 _____
- I. \$50,001 TO \$60,000 _____
- J. \$60,001 TO \$70,000 _____
- K. \$70,001 TO \$80,000 _____
- L. \$80,001 AND HIGHER _____

Break the Barriers, Inc.
8555 N. Cedar Avenue
Fresno, CA 93720
559-432-6292
Fax: 559-432-5995

Account # _____
Account Name _____

Day _____ Type _____ Time _____

(Office use only)

Students Name _____ Date of Birth _____
Mo Day Yr

Relationship to Student / Check One

- Parent
- Foster Parent with Exparte*
- Legal Guardian with court papers*

*Please provide office with documents

Student's Race: (Please check)

- Caucasian
- Asian
- African/American
- Hispanic
- Native American
- Other

HEALTH HISTORY AND MEDICAL INFORMATION

Not aware of any medical problems

Downs Syndrome () yes () no DS release on file _____
Date

Atlanto-axial instability by x-ray () yes () no

Paralysis () Yes () No Explain _____

- Autism _____
- Bleeding Issues _____
- Diabetes _____
- Fainting Spells _____
- Hearing Difficulty _____
- Hypothermia _____
- Heart condition _____
- Severe Allergy _____
- Tuberculosis _____
- Vision Difficulty _____
- Hepatitis _____
- Spina Bifida _____ Shunt () Yes () No
- Cerebral Palsy _____
- Touretts Syndrome _____
- Disability other than above _____

- Asthma/RAD _____
- Bone/Joint Problems _____
- Epilepsy _____
- Head Injury _____
- Heat Issues _____
- Hernia _____
- Kidney Problems _____
- Serious Accident _____ Date _____
- Serious Illness _____ Date _____
- Recent Contagious Disease _____
- Medical Excuse for Physical Education _____
- Posttraumatic Stress Disorder (PTSD) _____
- Traumatic Brain Injury (TBI) _____

Other information _____
Explain any of the above _____

Doctors Release on File _____ Date _____

List any medications taken regularly and any special instructions regarding medical treatment:

Family Doctor _____ Phone _____