

YouthCity!



Salt Lake City's After-school and Summer Program

Out-of-School programs for Salt Lake City youth 3rd – 8th Grade



Mission:

YouthCity fosters positive youth development in Salt Lake City by providing out of school opportunities for social, emotional, skills, character, and citizenship development in an inclusive environment.

Locations:

Central City Rec. Center

615 S. 300 E.

Nimo Samatar • 385-468-1555

Fairmont Park

1040 E. 2250 S.

Colin Crebs • 801-466-0904

Liberty Park

1031 S. 600 E.

John Lyman • 801-533-0485

Ottinger Hall

233 N. Canyon Rd.

Koty Lopez • 801-320-0939

Sorenson Unity Center

1383 S. 900 W.

Jorge Chamorro • 801-535-6532



Classes:

Classes are based on student interest and change each session.

- Skateboarding
- Film Making
- Zombie Survival
- Soccer
- Video Game Design
- Cooking
- Music
- Computer Exploration
- Podcasting
- Outdoor Adventures
- Visual Arts



Program Cost:

Summer

\$11-448 per Session (1st
and 2nd)

\$11-224 3rd Session

*depending on income and
family size, full scholarships
available for refugee students



Hours of Programming:

Summer (10 weeks)

Monday-Friday: 8:30-5:30

For more information go to youthcity.com



Summer - 2018

Participant Name _____ Birth Date ____/____/____ Age _____ Gender _____

Address _____ Parent Name _____

City _____ ZIP _____ Best# _____ - _____ - _____ Text# _____ - _____ - _____

Primary Email _____ Alternate Email _____

School _____ Grade _____ Student ID # (Lunch Number) _____

Race

☐ Asian/Pacific Islander

☐ Caucasian/White

☐ Native American

☐ Black/African American

☐ Hispanic

☐ Other

Parent or Legal Guardian must read and sign below for child to participate in YouthCity

Release & Indemnification: I hereby recognize and acknowledge that my child's participation in activities may involve bodily injury and/or emotional injury to myself and/or child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release negligence based on any injury except that caused solely by the willful misconduct of YouthCity staff, that may result from my child's participation.

Refunds: YouthCity may withhold 25% of the refund (program registration fee) for administrative costs. All refunds may be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake City Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake City Attorney's Office for collection.

Emergency Treatment: I hereby authorize Salt Lake City program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

Transportation Permission: I hereby give my permission for YouthCity personnel to transport my child or ward for field trips.

I hereby agree and voluntarily assume all risk, which may be associated with or result from my child's or ward's transportation to the YouthCity Program. I further agree to release the Salt Lake City School District, YouthCity, Salt Lake City Corporation and Salt Lake County, its agencies, departments, officers, employees' agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents' affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me or my child or ward arising out of any and all activity associated with the aforementioned activities.

I have carefully read and understand the contents of this form concerning the transportation of my child or ward.

Photo Permission: I give permission for photographs and videotape recordings of my son/daughter's participation in activities with Salt Lake City to be used in promotional materials for this and other partner programs. I understand that these photos and/or videos may be used in brochures, edited video programs, online and other promotional items for informing interested parties about Salt Lake City activities.

Equal Opportunity: Salt Lake Corporation YouthCity provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

PARENT SIGNATURE _____

DATE ____/____/____
mm dd yyyy

LOCATION: (Check one)

☐ Central City ☐ Fairmont Park ☐ Liberty Park ☐ Ottinger Hall ☐ Sorenson Unity Center

I AM REGISTERING FOR: (Check all that apply)

☐ Session 1 (June 11 - July 6) ☐ Session 2 (July 9 - August 3) ☐ Session 3 (August 6 - 17)

COST: Fees range from \$11 to \$448 per student, per month for Salt Lake City residents, based on family size and income. Fees can be paid online with a credit or debit card or in person with a check or money order. Please complete the form below to determine your fee.

Family Size Family Total Gross (before deductions) Annual Income: \$

☐ A - Our family's total annual income is more than what is listed below.

We qualify for a fee of: **\$448** – Session 1 **\$448** – Session 2 **\$224** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$60,400	\$67,900	\$75,400	\$81,500	\$87,500	\$93,500	\$99,600

☐ B - Our family's total annual income is less than or equal to what is listed below.

We qualify for a fee of: **\$257** – Session 1 **\$257** – Session 2 **\$127.50** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$60,400	\$67,900	\$75,400	\$81,500	\$87,500	\$93,500	\$99,600

☐ C - Our family's total annual income is less than or equal to what is listed below.

We qualify for a fee of: **\$171** – Session 1 **\$171** – Session 2 **\$85.50** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$48,250	\$54,300	\$60,300	\$65,150	\$69,950	\$74,800	\$79,600

☐ D - Our family's total annual income is less than or equal to what is listed below.

We qualify for a fee of: **\$114** – Session 1 **\$114** – Session 2 **\$57** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$36,240	\$40,740	\$45,240	\$48,900	\$55,356	\$65,407	\$69,378

☐ E - Our family's total annual income is less than or equal to what is listed below.

We qualify for a fee of: **\$57** – Session 1 **\$57** – Session 2 **\$28.50** – Session 3

Family Size	2	3	4	5	6	7	8
Income	\$25,368	\$28,518	\$31,668	\$34,230	\$38,899	\$43,825	\$48,752

☐ F - Our family's total annual income is less than \$10,000 (any family size), we qualify for a fee of **\$11** per month.

☐ G - My child came to the United States as a refugee. I am requesting a full scholarship.

☐ I will make future payments online ☐ I will make payments by check or money order

I certify (promise) that all information on this application is true and that all income is reported. I understand that city officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Child Name: _____ Parent Name: _____

Signature: _____ Date _____/_____/_____
mm dd yyyy

For Office Use Only:

Verified _____

Departure and Emergency Contact Information

Participant _____

#1 - Parent/Guardian _____ Relationship _____ Best# _____ - _____ - _____

Email- _____ Please send program updates: ☐ Yes ☐ No Via: ☐ E-Mail ☐ Text

#2 - Parent/Guardian _____ Relationship _____ Best# _____ - _____ - _____

Email- _____ Please send program updates: ☐ Yes ☐ No Via: ☐ E-Mail ☐ Text

ALT Parent/Guardian _____ Relationship _____ Best# _____ - _____ - _____

Email- _____ Please send program updates: ☐ Yes ☐ No Via: ☐ E-Mail ☐ Text

Departure Options: Please check all that apply

☐ Parent/Guardian will pick up child (by 5:30pm). ☐ Child can sign themselves out and walk home alone.

☐ Child can sign themselves out walk home with an older brother or sister.

Sibling Name: _____ Phone: _____ - _____ - _____

☐ Other adult(s) can pick up child.

Name _____ Relationship _____ Best# _____ - _____ - _____

Name _____ Relationship _____ Best# _____ - _____ - _____

My child has allergies:

☐ Yes ☐ No Please list: _____

My child has special needs:

☐ Yes ☐ No Please list: _____

Swimming:

☐ My child can swim ☐ My child doesn't know how to swim

IN CASE OF EMERGENCY: (Please list at least two people to contact)

Name _____ Relationship _____ Best# _____ - _____ - _____

Name _____ Relationship _____ Best# _____ - _____ - _____

Please include an Out-of-State Contact:

Name _____ Relationship _____ Best# _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

In case of injury sustained to my child, I give permission to have my child treated at any legitimate medical facility by qualified medical personnel.

PARENT SIGNATURE _____ DATE _____ / _____ / _____
mm dd yyyy

YouthCity Program Rules & Behavior Management Plan

We believe participants have the most fun when they respect themselves, respect others and respect the YouthCity spaces. In order to facilitate a safe and enriching learning environment we have three simple rules:

1. Respect Yourself

- Participate in YouthCity classes and programs
- Use good manners and be polite
- Speak and act appropriate at all times – this means no profanity (cursing) written or spoken
- Come prepared for activities and classes so you can fully participate
- Talk to an adult immediately if you feel bullied

2. Respect Others

- Follow directions the FIRST time they are given – the staff are there to help you be safe and have fun
- Keep your hands, feet, and all objects to yourself. YouthCity has **ZERO** tolerance for violence.
- Stay in the YouthCity section of the building at all times
- Stick together – remain within the sight of a YouthCity staff member at all times
- Follow the golden rule – Treat others how you want to be treated
- Say I'm sorry when needed
- Offer to help others
- Refrain from bringing money and purchasing items from food vendors and vending machines
- Talk to an adult immediately if you see bullying

3. Respect the Space

- Take care of all YouthCity property, supplies, and computers
- Put things away as you go – make sure each space is cleaner than you found it
- Walk quietly when inside buildings
- Be respectful when riding in a YouthCity van or bus
 - Seat belts must be worn at all times
 - Keep your hands to yourself
 - Keep your voice down
 - Remain in your seat
 - Only enjoy food or drink when given permission by YouthCity staff
- Leave toys/games/electronics at home as they can distract from our programs and classes

Three Strikes

- 1st Time participant breaks a rule: A warning is issued and participant is encouraged to review the choices they have made and consider the YouthCity rules.
- 2nd Time participant breaks a rule: Participant is invited to sit out for some time and cool off. Length of cool down is negotiated by both participant and staff member.
- 3rd Time participant breaks a rule: Excused from activity and sent to the Community Program Manager's office where parents could be notified and participant will complete a behavior journal.

Physical Violence - ZERO TOLERANCE

It is our responsibility to keep all children and staff safe. To help ensure safety, any child engaging in an aggressive physical altercation will be suspended.

Suspension

If negative behavior persists, the participant could be suspended and/or dropped from the program. Before a suspend child is eligible to return to YouthCity, the program participant, parent/guardian and Community Program Manager must attend a meeting to discuss future behavior expectations and the possible return to full participation in YouthCity Programs.

Participant Signature _____

Date ____/____/____
mm dd yyyy

Parent/Guardian Signature _____

Date ____/____/____
mm dd yyyy



T: 435.649.3991 | F: 435.658.3992 | www.discovernac.org | reservations@discovernac.org

Revised: 11/5/16

Participant Information & Waiver

This information needs to be completed annually. Send complete packet to reservations@discovernac.org.

PARTICIPANT INFORMATION

(To be completed in full)

Name: _____
Today's Date: ____/____/____ Date of Birth: ____/____/____
Gender: _____ Age: _____
Height: ____ ft ____ inches Weight: _____
Address: _____
City: _____ State/Country: ____ Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Diagnosis - Primary: _____
Diagnosis - Secondary: _____
Details: _____
Date of Onset: _____
Primary language spoken/understood: _____
Have there been any seizures in the last year? ____ Yes ____ No
Most recent date: _____ Are they controlled? ____
Seizure Type: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____
PARENT/ GUARDIAN/ CAREGIVER INFORMATION
Name: _____ Relation: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Allergies: List all known Allergies, Reactions, and Medications

____ No Concerns (If no concerns continue to Media/ Photo Waiver.)

MILITARY SERVICE INFORMATION

Select one: ____ Active Duty ____ Veteran ____ Reservist ____ Guardsman ____ WWP Alum

Branch of Service: _____ Rank: _____ Years of Active Duty: _____ Date of Separation from Active Duty: ____/____/____

Deployment Experience (circle one): Pre-9/11 | Post-9/11 | Other: _____

Program Specific: (Mark with an 'X' if applies)

Has the participant ridden a horse? ____ Yes ____ No

If yes, what kind? ____ Pony Ride ____ Western ____ English ____ Trail Ride

Did you need assistance? ____ Yes ____ No If yes, what kind? ____ Lead walker ____ Side walker ____ Not sure

Has the participant alpine skied before? ____ Yes ____ No

If yes, what kind? ____ **Stand:** ____ Typical Skis ____ Snowboard ____ Ski Walker ____ Other

____ **Sit:** ____ Bi-Ski ____ Mono-Ski

Skill Level: ____ Never Ever ____ Beginner ____ Intermediate ____ Advanced

Media/ Photo Waiver

(Choose One and Sign)

____ I hereby **authorize and give my full consent** to the National Ability Center to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this National Ability Center activity or event. I further agree that the National Ability Center may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

____ I **do not give** my consent to the National Ability Center to copyright, publish, transfer or otherwise use any photographs, videotapes or films in which I appear while attending this National Ability Center activity or event.

X

Signature of Participant (or Guardian if under 18)

Print Name of Parent/Guardian – (If under 18)

Continue to next page...

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of National Ability Center, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "NATIONAL ABILITY CENTER"), I hereby agree to release, indemnify, and discharge NATIONAL ABILITY CENTER, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that recreational activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: collision with fixed objects, other people, other watercraft, or wildlife; accidental drowning; equipment failure; high wind, waves, or other inclement weather conditions including lightening. Exposure to the natural elements could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps. Exposure to cold water can result in cold shock, hyperventilation, and hypothermia and in extreme cases death and accidental drowning is also a possibility. Additionally, fatigue, chill and/or dizziness may diminish my/our reaction time and increase the risk of an accident.

Furthermore, NATIONAL ABILITY CENTER organizers have difficult tasks to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Additionally, I agree to wear activity related safety equipment including but not limited to items such as a U.S. Coast Guard approved personal flotation device (life jacket) while participating in watersports, cycling helmets and skiing & snowboarding helmets.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless NATIONAL ABILITY CENTER from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of NATIONAL ABILITY CENTER's equipment or facilities, **including any such claims which allege negligent acts or omissions of NATIONAL ABILITY CENTER.**
4. Should NATIONAL ABILITY CENTER or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against NATIONAL ABILITY CENTER, I agree to do so solely in the state of Utah, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against NATIONAL ABILITY CENTER on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by NATIONAL ABILITY CENTER to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless NATIONAL ABILITY CENTER from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name _____ Date _____

Evaluation of Afterschool Programs

Parental Permission



As a participant in an afterschool program, your child will be asked to complete online questionnaires. The questionnaires are part of an ongoing evaluation of Utah's afterschool programs. Before you decide if your child should complete the online questionnaires, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information.

The purpose of the questionnaires is to evaluate the afterschool program in which your child participates. The Utah Department of Workforce Services (DWS) has asked the Utah Education Policy Center (UEPC) at the University of Utah to conduct an evaluation of your child's program. We are doing this evaluation in order to better understand how afterschool programs can be improved.

We would like to ask your child to complete online questionnaires that will take approximately 15 minutes to complete. The questionnaires includes questions about the quality of the afterschool program, your child's attitudes and interests, and outcomes associated with participating in the afterschool program. Your child will also be asked to provide her or his name, birthdate, and gender. The survey data are secured in a password protected environment. Your child will never be identified in any reported findings or evaluation reports.

There are minimal risks to your child, besides the mild discomfort that might be associated with responding to the questionnaire. There are no direct benefits to your child for participating in this study. However, the overall goal of this study is to learn how to improve the educational quality of your afterschool program, which could have long term benefits for your child and for other students.

If you have any questions or complaints about this evaluation or if you feel you have been harmed by this research please contact Dr. Cori Groth, Associate Director, UEPC, 801-581- 5177.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu. Completing the questionnaire is voluntary. You can choose for your child not to take part. Your child will be given the choice to participate when the questionnaire is administered and she or he can choose at that time to participate or to not participate. Choosing not to participate will not affect your child's relationship with his or her teachers or afterschool program activity leaders. Your child can choose not to finish the questionnaire or omit questions he or she prefers not to answer without penalty or loss of benefits. The questionnaire will be administered online, during the afterschool hours. I confirm that I have read this parental permission document and have had the opportunity to ask questions.

I agree to allow my child to complete the online questionnaire.

Child's Name

Parent/Guardian's Name

Relationship to Child for Parent/Guardian

Parent/Guardian's Signature

Date