

# **REGISTRATION & CONSENT FORM**

## **SWS 2021**

**JULY 5 – AUGUST 13, 2021**

Please return this form with

- **\$50.00 registration fee** to GCA, Caribbean Heritage Workshop Series.
- **NO GAMES, CELL PHONES OR OTHER ELECTRONIC DEVICES ALLOWED**
- **Children must bring their own lunch.**
- **All materials and snacks will be provided by GCA**
- **ONE STRIKE RULE FOR ALL INFRACTIONS**

### **COVID-19 SAFETY PROTOCOLS**

**(Parents must sign this consent form that confirms you have read the protocols and are willing to comply.)**

**Pod System:** Students will be required to stay in their group

**Wear a Mask:** All students must keep masks on.

(Masks are not required when outside and can maintain social distancing of 6 feet or more)

- **12 and older must present evidence of vaccination or negative Covid-Test**
- **Daily Health Screenings:** Temperature checks twice daily
  - **Frequent hand washing/sanitizing breaks**
  - **The space will be sanitized throughout the day**  
(Staggered use of shared space)
- **Social distancing:** 6 feet from others whenever possible
- **Limit to sharing of materials:** sanitized between uses.
  - **Children must stay at home if they are sick**

**FEES:**

A ONE-TIME \$50.00 REGISTRATION FEE IS REQUIRED)...Rec.# .....

ATTENDANCE: ..... Virtual ..... In-person

**NAME OF STUDENT:** First)..... (Last).....

**GENDER:** (Male) .....(Female) .....

**GRADE AS OF 2021** ..... **BIRTHDATE** .....

**ADDRESS** .....

.....

**NAME OF PARENT**.....

TEL #- (HOME) ..... (CELL) .....

Parent's Email .....

**GUARDIAN OR OTHER ADULT IN HOME?**

NAME .....(Relationship).....

TEL #- (HOME) ..... (CELL). .....

Email .....

**MEDICAL INFORMATION:**

Does the student have any allergies, chronic illness, or medical conditions?  
If yes, please describe.

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Is the student prescribed an inhaler? If yes, please explain any instructions.

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### **CONSENT FOR COVID-19 PROTOCOLS, PHOTOGRAPHS, VIDEOS:**

I hereby acknowledge that I have read the Covid-19 protocols and will comply with them.

I hereby irrevocably authorize and grant GCA/SWS “Arts in the Community” Summer Workshop Series and its employees the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I hereby release Guyana Cultural Association of New York, Inc, Guyana Arts & Cultural Center and GCA Summer Heritage Workshop Series from any infringement or violation of personal and or property rights, of any sort whatsoever, based upon the use of the recordings and images. I acknowledge that GCA/SWS own and shall own all rights, title and interest (including copyright) to the recording.

I warrant that I have full power to enter into this release and the terms of this release do not in any way conflict with any existing commitment on my part. Reference to the “recording” in this release includes any and all edited versions made by GCA/SWS and further, include any previously recorded material of me/my child made by GCA/SWS.

### **GENERAL INFORMED CONSENT & ACKNOWLEDGEMENT**

I hereby certify that the above named child is physically able to participate in all classes at GCA/SWS and that I know of no physical impairment which would in any manner limit his/her participation in such a program.

I hereby give my approval for my child’s participation in any and all activities prepared by GCA/SWS during the GCA Summer Heritage Workshop Series. In exchange for the acceptance of said child’s candidacy by GCA/SWS, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless GCA/SWS and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising from activities in our home during the classes of SWS..

I recognize that this release means that I am giving up, among other things, rights to sue GCA/SWS, its respective entities, administrators, faculty members,

employees, agents or students for injuries, damages or losses that my child may incur.

**PRINT NAME** .....

**Signature** .....

**Date** .....