



La Marqueta Retoña and Hispanic Federation in collaboration with Boundless Theatre Company and Producciones El Barrio Tel: 347-724-3640/ 917-239-0246/ Email: ElBarrioRaicesCamp@gmail.com

## **El Barrio Raíces Summer Program Registration details**

Registration for El Barrio Raíces Summer Program is between June 1 and July 1<sup>st</sup> 2017. It is a first come, first served basis. A participant is considered registered once we receive all documentation required. NO EXCEPTIONS.

Remember that the program takes place at the Julia de Burgos Performance and Arts Center located in East Harlem. 1680 Lexington Ave. between 105 and 106 st. We will not provide transportation to the program. Parents or guardians need to make sure they can commit to fully participate on the program.

### **Documents required for registration:**

#### **Fill out and sign the following:**

1. Registration form.
2. Medical form.
3. Regulations and conditions.
4. Release and waiver of liability.
5. Photo release form for minor children

### **Documents that need to accompany the registration form:**

1. Proof of age: Any official document that states the age of the participant. Birth certificate, passport, or record of baptism that includes the date of birth, or any other official document with proof of age.
2. Proof of NYC address: Any official document that states that the participant lives in one of the five boroughs of NYC. School registration, passport, or any other official document that states the NYC address.

Please email all documents to:

[elbarrioraicescamp@gmail.com](mailto:elbarrioraicescamp@gmail.com)

If you have trouble sending those via email please call us at 347-724-3640 or 917-239-0246 and we will be able to help you.



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### El Barrio Raíces Summer Program Registration Form 2017

The free theater program is only open to children ages 7 to 10. Only children from the five boroughs in NYC can apply.  
\*In order to give more families the opportunity of participating, only one sibling per family will be permitted to enroll in the program.  
Registration June 1- July 1 2017

Date: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Applicant's last name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**\*Please present proof of age (Birth certificate, passport, or record of baptism which includes the date of birth, or any other official document with proof of age.)**

Parent's name (guardian) \_\_\_\_\_ Phone# \_\_\_\_\_

Parent's name (guardian) \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_ Alternate phone number \_\_\_\_\_

Mailing address \_\_\_\_\_

Physical address \_\_\_\_\_

**\*Please present proof of NYC address needed (school registration, or any official document that states that participant lives in NYC)**

In case of emergency, who should be contacted? \_\_\_\_\_

Relationship of emergency contact with the applicant: \_\_\_\_\_ Phone# \_\_\_\_\_

Authorized person or persons to pickup participant at 3pm during program days:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

What school is the participant currently attending? \_\_\_\_\_

What grade is the participant going to be in school year 2017-2018? \_\_\_\_\_

We will provide a program T-shirt. What's the applicant's size: \_\_\_\_\_



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**MEDICAL INFORMATION 2017**

**Emergency Medical Information (please fill yes or no)**

Allergy to a medicine, food, plant, animal, or insect\_\_\_\_\_ Describe:\_\_\_\_\_

Is the participant carrying an epinephrine pen?\_\_\_\_\_

Any condition that requires special care, medication or diet:\_\_\_\_\_

Describe:\_\_\_\_\_

- Asthma\_\_\_\_\_
- Contact lenses\_\_\_\_\_
- Seizure Disorder\_\_\_\_\_
- Diabetes\_\_\_\_\_
- Heart Trouble\_\_\_\_\_
- Bleeding Disorder\_\_\_\_\_

**Medical History: (check yes or no)**

	Yes	No	Date	Details
Serious illness	_____	_____	_____	_____
Serious injury	_____	_____	_____	_____

**Does your child have frequent: (circle yes or no)**

- Y/N Eye Infections
- Y/N Ear Infections
- Y/N Throat Infections
- Y/N Respiratory Infections
- Y/N Urinary Tract Infections

**Does your child have: (circle yes or no)**

- Y/N Heart Murmur
- Y/N Rheumatic Fever
- Y/N Stomach/Intestinal Problems
- Y/N Menstrual Problems
- Y/N Hernia
- Y/N Back or Joint Pains

Explain any of the above:\_\_\_\_\_

Has the child had Chicken Pox? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when? Date\_\_\_\_\_

Has the child had Mumps? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when? Date\_\_\_\_\_

Has the child been exposed to a contagious disease within the past three weeks?\_\_\_\_\_



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Has the child had lice in the past six months? \_\_\_\_\_

Does this child take any medication on a regular basis? Yes \_\_\_ No \_\_\_ If yes, explain:

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Will the medication need to be administered during program hours? \_\_\_ Yes \_\_\_ No

If your answer is yes, list medications and directions for taking the medicine: **(Please note that we are not allowed to administer medication to the participants, they would need to administer it to themselves.)**

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Is your child allergic to any foods? \_\_\_ Yes \_\_\_ No.

If you answered yes, please explain: \_\_\_\_\_

Is your child allergic to latex, make-up, any fabrics or any other material? \_\_\_ Yes \_\_\_ No

If you answered yes, please explain: \_\_\_\_\_

Is your child allergic to any medicines? \_\_\_ Yes \_\_\_ No

If you answered yes, please explain: \_\_\_\_\_

**\*If there's a medical emergency, the program will inform the parents or guardians right away. If urgent medical attention is needed the program director will contact the parents or guardians and also contact 911. Directors, teachers, and staff are not trained as medical professionals; they will contact 911 or the local hospital if needed.**

To the best of my knowledge, the above information is correct. I give my child permission to participate in all program activities and trips. In the event of accident or illness, I authorize the program to contact 911 in case of a medical emergency.

Name of participant \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_



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### **REGULATIONS AND CODITIONS**

1. Space is limited to 25 children. There will be a stand by list once the 25 spaces are filled.
2. Children will be admitted to the program on a first comes first serve basis. Registration will be considered complete once we get the complete set of documents, signed and with the required supportive documents.
3. Children enrolled in the program need to be committed to participate from beginning to end. We will not admit children that can't be present for the full duration of the program.
4. This program is offered to children between the ages of 7 to 10 years of age. No exceptions. Proof of age is required: birth certificate, passport, or record of baptism that includes the date of birth, or any other official document with proof of age.
5. This program is offered to children living in any of NYC's five boroughs. Proof that the participant lives in NYC is required: school registration, or any correspondence or official document that states that the participant lives in any of the five boroughs of NYC.
6. In order to give more families the opportunity of participating in the program, we will only register in the program one sibling per family. No exceptions.
7. This registration form is for "El Barrio Raíces Summer Program" that will take place at the Julia de Burgos Performance and Arts Center located at 1680 Lexington Ave. between 105st and 106st. New York, NY 10029. Tel. 347-724-3640 and 917-239-0246.
8. The program doesn't offer transportation. Participants need to arrive thru their own means.
9. Parents and/or guardians need to commit to the full program.
10. El Barrio Raíces Summer Program will be held Mondays thru Fridays from 9am to 3pm, July 24 to August 18, 2017.
11. There will be no after hours program. Participants need to be picked up by the parent or guardian no later than 3pm.
12. There will be a final presentation on July 16<sup>th</sup>, 2017 at 6pm. Such presentation will be open to parents, friends and the community. The final performance will take place at The Julia de Burgos Performance and Arts Center.
13. El Barrio Raíces Summer Program is free of cost to all participants. There will be no out of pocket cost for the parents.
14. El Barrio Raíces Summer Program will provide two t-shirts with the logo of the program, and materials needed for all classes.
15. School Food NYC will provide breakfast, lunch, and snacks. ([www.schoolfoodnyc.org](http://www.schoolfoodnyc.org)). Participants can bring their own food and snacks if they want. We will have a refrigerator available.
16. If the participant is going to be absent or late, please notify us at your earliest convenience.
17. Participants that are absent more than two times will not be allowed back in the program and will be substituted by a participant on the waiting list.
18. It is important that all participants arrive on time. Every two late arrivals will become one absence. After two absences the participant will be asked not to return to the program and will be substituted by a participant on the waiting list.
19. We promote an atmosphere of mutual respect between participants, parents and teachers.



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20. In the mornings parent/guardian will be required to fill out a signing sheet. This signing sheet is important for security and control reasons. At pickup time, the parent or guardian will be required to also sign an end of day sheet.
21. Day trips will be informed by July 25<sup>th</sup>, 2017.
22. Participants will always be in the premises of the Julia de Burgos Performance and Arts Center. They will not be allowed outside these premises, unless authorized by the parent or guardian. During program hours you can contact us at: María Cristina Fusté 347-724-3640 or Edna de Jesús 917-239-0246.
23. Participants should wear comfortable shoes and clothing. There will be dance lessons and movement classes, we want to make sure that the participants bring appropriate clothing in order to be comfortable, protected, and safe.
24. The use or possession of tobacco, drugs (illegal or legal) or alcohol in the premises is prohibited. Possession on the premises will result in expulsion of participant.
25. The use of cellphones, radios, electronic games, electronic notebooks or any other electronic device is strictly prohibited during camp hours. El Barrio Raíces Summer Program will not be responsible for any lost or stolen items.
26. El Barrio Raíces Summer Program will not tolerate theft of property or services, intentional or willful and destruction of property, assault and/or battery, possession of a weapon, conduct which constitutes harassment or abuse that threatens the mental well being, health or safety of any individual.
27. Non discrimination policy: El Barrio Raíces Summer Program and its producers: does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

I (parent/guardian name in print)\_\_\_\_\_ understand the authorizations, regulations and conditions stated on this registration form. I also agree that any violation to the regulation and conditions could result in the expulsion of the participant. By signing this registration I am agreeing to everything stated in such form.

\_\_\_\_\_  
Name of parent or guardian in print

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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### **El Barrio Raíces Summer Program Release and Waiver of Liability 2017**

#### **Parental Consent:**

#### **Parental Consent**

I give consent for my child to participate in all the activities provided by El Barrio Raíces Summer Program, and I execute the above Release and Waiver of Liability on their behalf.

**Participants name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Program dates for El Barrio Raíces Summer Program:** July 24 to August 18, 2017.

**Location:** Julia de Burgos Performance and Arts Center.

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releaser, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company and Producciones el Barrio (hereinafter El Barrio Raíces Summer Program)

The undersigned hereby acknowledges that participation in the above named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of El Barrio Raíces Summer Program allowing the undersigned to participate in the above named activity and hereby release and forever discharge El Barrio Raíces Summer Program, La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company, Producciones El Barrio, their prospective board of directors and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

#### **Consent for treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating at the El Barrio Raíces Summer Program. It is understood that La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company and Producciones El Barrio will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in El Barrio Raíces Summer Camp and its activities.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me or/and my child, and I hereby fully and forever release and discharge El Barrio Raíces Summer Program and its producers: La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company and Producciones El Barrio, its officers, employees, and insurers including any self-insurance funds of the state for any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

**I have read and understood the foregoing Release and Waiver of Liability and parental consent form, and agree to all of its terms and conditions.**

\_\_\_\_\_  
Name of parent or guardian

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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**Waiver and Release Form for El Barrio Raíces Summer Program 2017**

Photo Release Form for Minor Children

I \_\_\_\_\_ hereby authorize “El Barrio Raíces Summer Program” to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the promotion of events and for archival purposes, in print and on the following websites, Facebook pages, Twitter, and Instagram: La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company Inc., Producciones El Barrio. I release La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company Inc., Producciones El Barrio from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company Inc., Producciones El Barrio to use their photographs and names. I acknowledge that since participation in publications and websites produced by La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company Inc., Producciones El Barrio is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company Inc., Producciones El Barrio confers no rights of ownership whatsoever. I release La Marqueta Retoña, Hispanic Federation, Boundless Theatre Company Inc., Producciones El Barrio, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Print name of parent or guardian \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

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Name and age of minor child:

Name: \_\_\_\_\_

Age: \_\_\_\_\_