



Flagler College
Beyond the Diploma Program (BDP)
74 King Street
St. Augustine, FL 32084

Dear Parents and Guardians,

Welcome to the 2018-2019 Flagler College, Beyond the Diploma Program(BTD)! BTD, formally known as the College Reach-Out Program (CROP), will not be operating beneath the College Reach-Out Program state grant for the 2018-2019 academic year, hence the name change. However, the program is still providing the same services to the same demographic with the same goals and principles in mind. Our BTD Director Regis Storey-Anderson will be organizing the program with the help of our BTD Interns, Cheyenne Goodale and Emily Miller, along with additional Flagler College organizations. We will be responsible for mentoring and tutoring your children as well as preparing them to reach their goals after high school. Regis Storey-Anderson will be supervising the interns and be a direct contact for you if you have any questions.

Since BTD is managed by Flagler College, we ask that you fill out this new application for your son or daughter. All of the information in this packet is for grant purposes and is filed safely away.

We look forward to working with both you and your student. If you have any questions, please do not hesitate to contact Regis Storey-Anderson.

Sincerely,

Regis Storey-Anderson
Beyond the Diploma Program Coordinator
RStorey@flagler.edu
904-826-8664



Family Information:

House Hold Annual Income: _____

Number of people living in the home: _____

Mother's Educational Background

_____ Some High School

_____ High School Diploma

_____ Some College

_____ College Graduate

_____ Graduate Degree

_____ No Information

Father's Educational Background

_____ Some High School

_____ High School Diploma

_____ Some College

_____ College Graduate

_____ Graduate Degree

_____ No Information

Beyond the Diploma Program Eligibility

Please check all that apply.

Economic Guidelines

_____ Free Lunch

_____ Reduced Lunch

_____ Low Income

_____ Public Assistance

_____ Participated in Wages

Academic Guidelines

_____ First generation college student

_____ Grade point average below 2.5

_____ Suspended/Expelled

_____ Absent more than 20 times in a year

_____ Low math/reading scores



FLAGLER COLLEGE, INC.

General Release, Waiver of Liability, and Assumption of Risk Agreement

Flagler College, Beyond the Diploma Program

In consideration of _____ (“the minor participant”) being permitted to participate in the **Flagler College, Beyond the Diploma Program** and related events and activities, the undersigned parent(s) and/or legal guardian(s) of _____ agree as follows:

1. The undersigned fully acknowledge that Flagler College, Inc. (“Flagler”) is a non-profit, non-commercial educational institution operating the program for non-commercial purposes and that Flagler is not a commercial activity provider.
2. The undersigned will instruct the minor participant to inspect the facilities and equipment to be used prior to participating in the Program and, if he or she believes anything is unsafe, the minor participant will immediately notify Program officials or a Flagler staff member of such condition and refuse to participate.
3. The undersigned, individually and on behalf of the minor participant, fully understand and acknowledge that:
 - (a) There are risks and dangers associated with participation in the Program and related events and activities which could result in property damage, severe bodily injury, partial or total disability, paralysis, and death. These inherent risks and dangers cannot be avoided or eliminated, even if Flagler uses reasonable care in operating the Program;
 - (b) There are risks and dangers that may be caused by the action, inaction or **NEGLIGENCE** of the minor participant or the action, inaction or **NEGLIGENCE** of others, including, but not limited to, the Releases named below;
 - (c) there may be other unknown risks or risks that are not reasonably foreseeable at this time; and
 - (d) the undersigned, on behalf of the minor participant, **HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF DEATH, BODILY INJURY AND PROPERTY DAMAGE** as a result of the minor participant’s participation in the Program, whether caused in whole or in part by the **NEGLIGENCE** of the Releasees or otherwise. The undersigned, on behalf of the minor participant, further acknowledge that the minor participant’s property could be damaged, and the minor participant could be **injured or killed** while participating in the Program, because there are certain dangers inherent with cheerleading and related activities. **These risks may include, but are not limited to, minor bruises, cuts, scrapes, and strains as well as more significant injuries such as concussions and other head injuries, muscle tears, broken and fractured bones, spinal injuries, eye injuries, paralysis, and death.**

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4. The undersigned, individually and on behalf of the minor participant, as well as on behalf of my/our/the minor participant’s personal representatives, assigns, executors, heirs and next of kin (“Releasers”) hereby forever **RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE** Flagler College, Inc, its officers, employees, faculty, agents, attorneys, insurers, and officials (“Releasees”) from and against any and all liability, claims, demands, actions, judgments, damages, expenses, fees, fines, penalties, losses, suits, proceedings, and costs thereof (including attorneys’ fees and court costs), in law or in equity, of any kind and nature, arising out of or relating to the Program, caused or alleged to be caused in whole or in part by the **NEGLIGENCE** of the Releasees or other third parties related to the Program, or in relation to the design, implementation, events, activities, and facilities used during the Program.

5. The undersigned, individually and on behalf of the minor participant, further expressly agree that this **General Release, Waiver of Liability, and Assumption of Risk Agreement** is intended to be as broad and inclusive as is permitted by Florida Law and that if any portion is held invalid, it is agreed that the remaining balance shall, notwithstanding, continue in full legal force and effect.

6. By signing below, the undersigned, individually and on behalf of the minor participant, acknowledge that I/we have read this **General Release, Waiver of Liability, and Assumption of Risk Agreement** and fully understand its terms, understand that I/we **HAVE GIVEN UP SUBSTANTIAL RIGHTS AND THE SUBSTANTIAL RIGHTS OF THE MINOR PARTICIPANT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME/US AND INTEND MY/OUR SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Parent/Guardian (Signature) and Date

Parent/Guardian (Printed) and Date

Parent/Guardian (Signature) and Date

Parent/Guardian (Printed) and Date

Minor Participate (Signature) and Date

Minor Participate (Printed) and Date

Witness Name and Date

Witness Name and Date



FLAGLER COLLEGE, INC.

Emergency Medical Information/Permission for Treatment/Liability Release Form

Name of Program: _____

Name of Minor Participant and DOB: _____

EMERGENCY MEDICAL INFORMATION

I/We represent that the minor participant has no restrictions that would prevent him/her from participating in all activities related to the Program. **However**, the Program should be made aware of certain medical information related to the minor participant, since it may impact his/her safety and health during participation in the Program and all related activities. I/We understand that this information will be kept confidential and is to be disclosed only in the event of an emergency. *The important medical information is as follows (list all allergies and any medications that the minor participant is taking):

_____.

* Attached additional documentation if necessary.

EMERGENCY CONTACT INFORMATION

Name: _____ Address: _____ Relationship: _____

Phone: (Work) _____ (Cell): _____ (Home): _____

PERMISSION FOR TREATMENT/LIABILITY RELEASE

I/We, the parent(s)/legal guardian(s) of _____, hereby give permission and authorize Flagler College, Inc. and its faculty, staff, and representatives to obtain and give consent for emergency medical and/or surgical treatment reasonably necessary to care for the minor participant during the Program. I/We understand that every attempt will be made to contact the emergency contact prior to taking emergency action. I/We give permission and authorize hospital staff, EMT's, emergency medical staff, attending physicians, and specialists to act according to their best judgment when rendering medical treatment. I/We fully understand and agree that I/We will be financially responsible for any medical care needed during the Program or resulting from an injury sustained at the Program. In consideration of the minor participant being permitted to participate in the Program and related activities, I/We and my/our personal representatives, assigns, executors, heirs and next of kin ("Releasers") hereby forever **RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE** Flagler College, Inc, its officers, employees, faculty, agents, attorneys, insurers, and officials ("Releasees") from and against any and all liability, claims, demands, actions, judgments, damages, expenses, fees, fines, penalties, losses, suits, proceedings, and costs thereof (including attorneys' fees and court costs), in law or in equity, of any kind and nature, that may arise in relation to emergency medical treatment provided to the minor participant.

I/WE UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND THAT I/WE HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME/US.

Parent/Legal Guardian (Print and Sign)/Date

Minor Participant's Health Insurance and Policy Number



Parent/Legal Guardian (Print and Sign)/Date

Minor Participant's Primary Care Physician

**FLAGLER COLLEGE, BEYOND THE DIPLOMA PROGRAM
Parent Authorization/Questionnaire**

1. I will allow my child to be photographed/video taped for the purpose of promoting or advertising this program.

_____ **Initials**

2. I will allow my child to participate in water activities, when a lifeguard is present.

_____ **Initials**

My child's Swimming Level (*Please Check*)

_____ Beginner

_____ Intermediate

_____ Advanced (strong swimmer)

3. I will allow my child to be transported by Flagler College Staff for activities/field trips.

_____ **Initials**

Information Release

I, the undersigned parent or legal guardian of _____ (name of minor child), hereby authorize Flagler College, Beyond the Diploma Program employees to have access to the scholastic records of the minor child named above through high school graduation. This information includes, but is not limited to: current and past grades, test scores, disciplinary history, extracurricular activities, attendance records, and student identification numbers. _____ **Initials**

I hereby release, discharge, and agree to hold harmless Flagler College, Beyond the Diploma Program from any liability by virtue of any use whatsoever, of said information contained in the scholastic records. I understand this release is valid for the length of time my child remains in the Flagler College, Beyond the Diploma Program (CROP).

Parent Signature

Date