



Dear Parents,

Lincoln Community Center (LCC) is excited to kick off another year of our After School Enrichment Program (ASEP). This is a program that we take great pride in and we are very thankful that we have been able to offer the program to the community for eleven years now.

We want to let all parents know that this year there will only be an educational side to this program, no recreational side. We have a great educational team that is devoted to helping your child get through the school year successfully. We also want to let parents know that there is a limited number of spots this year. We will start a waitlist once those spots are fulfilled. We ask that your child attend at least three days a week to keep their spot in the program.

We ask that all parents attend one of our orientation dates. These will be informational sessions on what to expect in our ASEP. These will be held on August 22nd at 6pm and August 23rd at 6pm. The program will start on the first day of school, August 24th. The program will run from 3-5:30pm Monday-Friday throughout the school year.

If you have any questions, please reach out to Katie Minesinger at kminesinger@lctroy.org.

We look forward to seeing you soon!

LCC Staff



Lincoln Community Center Youth Application

Student Name: _____ Gender: M ___ F ___

Address: _____ City: _____ State: _____

School: _____ Grade: _____ Birthday: __/__/__

Parent/Guardian Name: _____

Parent/Guardian Phone Number: Cell: _____

Work: _____

Parent/Guardian Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: Cell: _____

Work: _____

Parent/Guardian Email: _____

Emergency Contact Name: _____

Emergency Contact Relationship with Student: _____

Emergency Contact Phone Number: Cell: _____

Work: _____



TRANSPORTATION CONSENT FORM AND RELEASE

The Lincoln Community Center van will pick up Troy City Schools students and transport them to the Lincoln Community Center for afterschool program and activities. No child will be transported without a signed form on file prior to the first day that transportation is to begin.

Please circle day(s) of pickup:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

If on any scheduled day your child will not be riding in the LCC van, please call the LCC at (937) 335-2715 BY NOON to inform the staff. Failure to notify can result in loss of van privileges.

I, the undersigned parent/legal guardian of the below-named minor, hereby give permission for my child to be picked up from _____ (name of school) by the Lincoln Community Center Association, Inc. ("LCC").

I, individually and/or on behalf of my child, my child's personal representatives, estate, heirs, next of kin, and assigns, hereby hold harmless and release and discharge the LCC, its governing board, officers, employees, staff, agents, volunteers, representatives, successors, and assigns (collectively referred to herein as the "Releasees") from any and all claims, suits, causes of action, liabilities, and damages of any kind arising out of or in connection with LCC transportation, including, but not limited to, any and all claims for illness or injury to me/my child, including my/his/her death, whether caused by negligence of the Releasees or otherwise. I further agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and damage to property that may result from my/my child's negligence or intentional act or omission.

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18):

This is to certify that I, as parent/guardian of the below-named minor, have read this consent and release agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in these activities as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Name of Minor: _____

Parent/Guardian/Adult Child Name: _____

Parent/Guardian/Adult Child Signature: _____

Date Signed: _____



**EMERGENCY MEDICAL TREATMENT CONSENT FORM AND LIABILITY
WAIVER/RELEASE**

Minor's Name: _____ Date of Birth: _____

Address: _____

Insurance Provider: _____

Preferred hospital/treatment center: _____

Minor's allergies: _____

Minor's medications: _____

Name of Parent/Guardian: _____ Phone: _____

Name of Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I, as parent/guardian of the above-named minor, hereby give permission for my child to participate in all Lincoln Community Center Association, Inc. ("LCC") programs. In consideration of my child being permitted to use LCC facilities and/or equipment and/or participate in any program, I hereby acknowledge and agree that:

1. I, on behalf of myself, my spouse, my child, my child's personal representatives, estate, heirs, next of kin, and assigns hold harmless and release and discharge LCC, its governing board, officers, employees, staff, agents, volunteers, representatives, successors, and assigns (collectively referred to herein as the "Releasees") from any and all claims, suits, causes of action, liabilities, and damages of any kind arising out of or in connection with LCC activities, including but not limited to, any and all claims for illness or injury to my child, including his/her death, whether caused by negligence of the Releasees or otherwise.
2. I agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and damage to property that may result from my child's negligence or intentional act or omission.
3. In the event reasonable attempts to contact me have been unsuccessful, I hereby authorize LCC as agent for the undersigned, to obtain and consent to any emergency medical treatment with respect to the above-named minor, including any x-ray, anesthetic, medical, dental, or surgical treatment, and hospital care.



4. I understand that LCC is not responsible for costs incurred for any medical care of my child and I assume all financial responsibility for any injuries sustained by my child while s/he is at the Lincoln Community Center and treatment and medical care thereof.
5. I intend this document to be as broad and inclusive as is permitted by the laws of the State of Ohio; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

SIGNATURE

This is to certify that I, as parent/guardian of the above-named minor, have read this consent and waiver/release agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I for myself, my spouse, and child do consent and agree to emergency medical treatment as provided above, his/her release provided above for all the Releasees, and myself, my spouse, and child do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in LCC activities, even if arising from their negligence to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date Signed: _____



MEDIA CONSENT FORM AND RELEASE

We are sending you this Media Consent Form and Release to request permission for your child's video/photo/image to be published in/on the Lincoln Community Center's newsletter, Facebook page, website, or other social media outlets and publications.

I, the undersigned individual, hereby give the Lincoln Community Center Association, Inc. ("LCC"), permission to use my/my child's likeness, image, voice, and/or appearance as such may be embodied in any audio recording(s), video recording(s), digital recording(s), image(s), or any other media (collectively referred to herein as the "Media") taken on behalf of LCC activities. I agree that LCC has complete ownership of the Media, including the entire copyright, and may use, re-use, publish, re-publish, and create derivative works of the Media, in whole or in part, individually or in conjunction with other Media, in any medium, including social media, and for any purpose whatsoever. I acknowledge and agree that I will not receive any compensation for the use of such Media, and I understand and agree that any derivative works based on the Media shall be the sole property of LCC. I hereby waive any right that I may have to inspect and approve the finished product used or to which the Media may be applied.

I, individually and/or on behalf of my child, my child's personal representatives, heirs, next of kin, and assigns, hereby hold harmless and release and discharge LCC, its governing board, officers, employees, staff, agents, volunteers, representatives, successors, and assigns (collectively referred to herein as the "Releasees"), from any and all claims, suits, causes of action, liabilities, and damages of any kind arising out of or in connection with the use of the Media, including, but not limited to, any and all claims for copyright infringement, libel, and breach of any privacy rights or privacy-related rights.

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18):

This is to certify that I, as parent/guardian of the below-named minor, have read this consent and release agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I for myself, my spouse, and child do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child do release and agree to hold harmless the Releasees from any and all liabilities incident to my child's involvement or participation in these activities as provided above, even if arising from their negligence to the fullest extent permitted by law.

Name of Minor: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date Signed: _____



LCC CHILD PICKUP AUTHORIZATION

Child/Children Name(s): _____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____ Phone Number: _____

Additional persons who are authorized to pick up my child/children:

Please list any individual who is authorized to pick up your child. Each authorized person must be at least 16 years of age. The below-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and WILL BE requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____ Phone Number: _____

Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____ Phone Number: _____



Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____ Phone Number: _____

Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____ Phone Number: _____

Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____ Phone Number: _____

Authorized Dismissal:

My child IS allowed to be dismissed to walk home from LCC's after school program at 5:30pm Monday-Friday. If my child needs to leave earlier, I will call in to inform LCC of when to release my child. No child will be authorized to leave earlier than 5:30 if a parent/guardian does not call LCC to inform us otherwise.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____



Any person(s) NOT authorized to pick up my child/children:

NOTE: Any person unfamiliar to LCC will be required to show proof of identification. Under NO circumstances will any child be released to anyone other than those listed above without WRITTEN permission from the parent/guardian.



TROY CITY SCHOOLS AND LINCOLN COMMUNITY CENTER

This year Lincoln Community Center and Troy City Schools are working together to make sure that we can assist your child to the best of our abilities throughout the school year. This year we are asking for parent's permission to access their child's Canvas account as an observer. We are also asking parents to give us permission to communicate with your child's teachers throughout the school year regarding your child's academics. This will allow us to better understand your child's needs and how we can assist them academically throughout the school year.

If you give Lincoln Community Center permission to access this information, please fill out the below information.

Child Name: _____

School: _____ Grade 22-23 School Year: _____

Parent Name: _____

Signature: _____ Date _____

If you DO NOT give Lincoln Community Center permission to access this information, please fill out the below information.

Parent Name: _____

Signature: _____ Date _____



RULES OF CONDUCT

Please read the following:

LCC staff members have the rights to temporarily remove, recommend a long-term leave, or permanently remove anybody who fails to obey the rules of LCC. Length will be determined by the severity of the offense.

LCC staff will get law enforcement involved on anyone who refuses to follow instructions or is out of control.

LCC staff is NOT responsible for lost, damaged, or stolen items. Keep track of your belongings. However, anyone who does steal from someone at LCC will be punished accordingly.

I agree to obey by the rules of conduct of Lincoln Community Center

Signature of student: _____ Date: _____

Signature of parent/guardian: _____ Date: _____