



YOUTH BUREAU  
OFFICE OF THE MAYOR  
11 AMHERST PLACE - WHITE PLAINS, NEW YORK 10601  
(914) 422 1378 - FAX (914) 422 6489

Thomas M. Roach  
Mayor

Frank Williams, Jr.  
Executive Director

Bhavana Pahwa  
Deputy Director

## SATURDAY ACADEMY PROGRAM (914) 422-1378 REGISTRATION FORM

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ **Grade as of 9/20** \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Mandatory contact person other than self:** \_\_\_\_\_

In case of emergency, please notify, Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Other names & numbers to call:: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### RELEASE OF LIABILITY

In consideration of your acceptance of my child or minor in my legal custody, (print name) \_\_\_\_\_, and their participation in the **SATURDAY ACADEMY**, I hereby waive and release any and all claims for myself, for my child, or minor in my legal custody against the City of White Plains and the City of White Plains School District, or the officers, employees, agents, volunteers or other conduct of either of their affairs, arising out of any accident, illness, injury, damages of loss or harm to/or incurred or suffered by my child or minor in my legal custody, or to his or her property resulting from the participation of my child or minor in my legal custody in the **SATURDAY ACADEMY**.

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

\_\_\_\_\_  
Date of registration

**EDUCATIONAL RELEASE**

I authorize the White Plains Board of Education Department of Testing & Evaluation to release standardized test information pertaining to my child.

- Exchange of information with teachers, social workers, guidance counselors, psychologists and school officials as it relates to the student's behavior and academic performance.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

I, as parent or as legal guardian, do hereby consent that the City of White Plains my videotape/photograph my child, \_\_\_\_\_ and use such videotape/photograph, publication/broadcast/website. I waive any claim I might have against the City of White Plains Youth Bureau arising from the use of such images/audio within or without the City or any other media. I understand that such information could subsequently be used by other media.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

for treatment. A reasonable attempt to contact me or my child's emergency contact will be made. I accept responsibility for all costs involved in the medical transport and care of my child.

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Nombre del niño: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Raza: \_\_\_\_\_ Edad: \_\_\_\_\_ Escuela: \_\_\_\_\_ **Grado a partir del 9/20** \_\_\_\_\_

Dirección de casa: \_\_\_\_\_ Apto: \_\_\_\_\_ Código: \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_

Nombre de madre: \_\_\_\_\_ celular: \_\_\_\_\_

**Correo electrónico:** \_\_\_\_\_

Empleador: \_\_\_\_\_ Teléfono de trabajo: \_\_\_\_\_

Nombre de padre: \_\_\_\_\_ celular: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_

Empleador: \_\_\_\_\_ Teléfono de trabajo: \_\_\_\_\_

Numero de contacto en caso de emergencia. Comunicarse con:

Nombre: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Parentesco con niño: \_\_\_\_\_

Otras personas & numero de telefono: \_\_\_\_\_

Parentesco con niño: \_\_\_\_\_

Nombre de doctor: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

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\_\_\_\_\_  
Firma de padre o guardián legal

\_\_\_\_\_  
Fecha de registracion

**PERMISO EDUCACIONAL**

Yo autorizo al Depto. de Exámenes & Evaluación de la Junta Educativa de White Plains a que proporcione la información de exámenes perteneciendo a mi hijo.

§ Intercambio información con los maestros, trabajadores sociales, consejeros, psicólogos y oficiales escolares con lo que tenga que ver con el comportamiento de mi hijo y su funcionamiento académico.

Firma del padre/guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

**PERMISO DE FOTOS/VIDEO**

Yo, \_\_\_\_\_ como padre/madre o tutor legal, mediante la presente, autorizo a la ciudad de White Plains a que tome fotografías/video de mi hijo/a, \_\_\_\_\_, y que use las imágenes para publicaciones o grabaciones. Yo disuelvo cualquier reclamo que pueda venir contra la ciudad de White Plains saliendo del uso de tales imágenes/audio con o sin la ciudad o cualquier otro medio. \_\_\_\_\_ (sus iniciales)