

INDIAN RIVER STATE COLLEGE
“The Quest” Summer Youth Program 2021
Application Checklist

All applicants please use this checklist as a guide when completing your application. Please make sure you return your application with the following documents:

- The Quest Summer Youth Program Application
- Medical Consent
- Image/Photo/Video Release Form for *Minors*
- Code of Conduct
- Data Collection and Release of Information Form
- General Information & Release Form
- COVID-19 Activities Student Permission Form, Release & Hold Harmless
- IRSC Application for Admission will be completed online at Orientation
- Copy of Alien Registration Card, if you are not a US citizen
- For parent or guardian***, copy of **two (2)** of the following three (**these items must be dated one year prior to application date**).
 - Driver License
 - Vehicle Registration
 - Voter Registration
- If a guardian is signing paperwork, guardian must provide legal documentation to prove guardianship.

Please return your application early to:

Indian River State College
3209 Virginia Avenue
B-214 (Career Development Program)
Fort Pierce, FL 34981
772-462-4722

"The Quest"

SUMMER YOUTH PROGRAM APPLICATION 2021

Please Print Clearly

Participant's Legal
Name

First Middle Last Suffix (Jr., Sr., II, etc.)

Birth Date _____ Age _____

Address _____ City _____ Zip _____

Phone _____
Area Code

St. Lucie County Martin County Indian River County Okeechobee County

Name of school you will attend for 2021-22 Year _____

Grade you will be in for 2021-22 Year _____

Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

Emergency Contact Name _____

Emergency Contact Phone _____
Area Code

Program Dates, Time & Location

June 7 through June 24, 2021

Monday through Thursday

8:30am – 12:00pm

Main Campus

Disclaimer: We (parent/guardian) agree to provide medical insurance for our child during the camp. In the absence of such insurance coverage, we hereby agree that in the event of accident or injury, we relinquish any claims for compensation insofar as IRSC and its employees are concerned.

Parent's Printed Name _____

Parent's Signature _____ Date _____

For Office Use Only

For more information on "The Quest" Summer Youth Program at Indian River State College
Contact the Summer Youth Program Office at 772-462-7686

Indian River State College
“The Quest” Summer Youth Program 2021
Medical Release Form

“The Quest” staff cannot administer any medications to your child including any over-the-counter medications.

Camper/Participant Medical Information:

Name of Family Physician _____

Telephone Number of Family Physician _____

Name of Family Dentist/Orthodontist _____

Telephone Number of Family Dentist/Orthodontist _____

Camper/Participant Health Insurance Information:

Child/Ward is covered by family medical/hospital insurance? Yes _____ No _____

If so, indicate carrier or plan name _____

Group Number _____

Name of Insured _____

Policy Holder ID Number _____

Does the camper have any allergies (including food, nuts, insect stings, hay fever, asthma, penicillin, or other drugs, etc.); **medical conditions**, dietary restrictions or other conditions that we need to be aware of? Does the Camper require any reasonable accommodations?

Explain:

I hereby give my consent to have my child/ward treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the “The Quest” Summer Youth Program. It is understood that Indian River State College will not provide medical insurance for such treatment, and that the cost thereof will be at my expense.

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Contact the Summer Youth Program Office at 772-462-7686

For Office Use Only “The Quest” Summer Youth Program 2021
Student Last _____
Student First _____

Indian River State College
“The Quest” Summer Youth Program 2021
Medical Release Form

I acknowledge and agree that this consent and release shall be interpreted in accordance with the laws of the State of Florida and that any dispute arising from the enforceability and/or interpretation of this Release shall be filed in a court of competent jurisdiction in Saint Lucie County, Florida.

In consideration of my child’s/ward’s attendance and participation at “The Quest” Summer Youth Program and all associated activities and outings (collectively called “the Camp”), I execute this Consent and Release for Medical Treatment (the “Consent”), and hold harmless and release any related and affiliated entity including IRSC’s Board of Trustees, faculty, employees, students, agents, insurers, successors and assigns. I understand and agree that this Consent and Release shall be binding on me and my child/ward, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child/ward.

I AM OF AT LEAST 18 YEARS OF AGE AND HAVE READ AND UNDERSTAND THIS AGREEMENT AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Print Name of Child/Ward: _____

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For Office Use Only “The Quest” Summer Youth Program 2021
Student Last _____
Student First _____



INDIAN RIVER STATE COLLEGE

3209 Virginia Avenue • Fort Pierce, Florida 34981-5596

www.irsc.edu Phone 772-462-IRSC (4772)

Image/Photo/Video Release *Form for Minors*

I, _____, (guardian/parent) of

Print Your Name

Print Child's Name

give my permission for Indian River State College to use _____

Print Child's Name

image(s)/photo(s)/video(s) for promotional purposes and hold IRSC harmless from any liability associated with its use.

Guardian / Parent Signature

Date

_____ / _____

Student I.D. Number

Phone Number

Indian River State College
“The Quest” Summer Youth Program 2021
Code of Conduct

[To be COMPLETED BY CAMPER AND PARENT/GUARDIAN]

This statement, when signed by both camper and parent, serves as an Agreement with “THE QUEST”.

Due to the nature of “THE QUEST” programs, all participants are expected to act in a responsible and courteous manner at all times. Upon arrival to the program, “THE QUEST” staff will review examples of acceptable and unacceptable behavior. Participants are expected to adhere to the guidelines set forth by “THE QUEST” staff. If a behavior problem arises, “THE QUEST” staff will first discuss the problem with the individual. If the problem continues, the participant may forfeit participation in future program activities. If the problems are severe, the parent/guardian will be contacted to discuss the problem. Finally, if the problem is not rectified, the parent/guardian is responsible for providing transportation for the participant to leave the program and a refund will not be issued.

Examples of behavior that may result in a participant leaving a program include, but are not limited to, consumption or possession of alcohol; use or possession of tobacco products including burning tobacco encased in cigarettes and cigars, pipe tobacco, and/or product or device intended to simulate such use, including electronic cigarettes; illegal narcotics; possession of a weapon; destruction of property; use of profanity; violent behavior and stealing.

Participant: I have read and understand the above statement. By signing this Agreement, I agree to act in a responsible and courteous manner at all times. If I do not follow the guidelines set forth by “THE QUEST” staff, I understand that I may forfeit my participation in the program activities.

Print Participant’s Name _____

Signature of Participant _____ **Date:** _____

Parent/Guardian: I have read and understand the above statement. By signing this statement, I agree to arrange and/or pay for transportation if my child must leave the program early.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

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For Office Use Only “The Quest” Summer Youth Program 2021
Student Last _____
Student First _____

Indian River State College
“The Quest” Summer Youth Program 2021
Student/Parent Authorization for Release of Summer Program
Information and Educational Records

[To be COMPLETED BY CAMPER AND PARENT/GUARDIAN]

Funding for Indian River State College “The Quest” Summer Youth Program comes from many sources. Since many of the funders provide support through public funds they are required to document vital information from recipients of these funds.

As a part of sponsorship, the funder may require the College to obtain certain personal information of the student, family and/or parent/guardian. The requested or required information may include student educational records, student summer test scores, grades and completion information, personal and family income information, household data and residency information, as well as, social security numbers and other personal identifying information. All information provided will be kept confidential.

How the information is used:

- to assist in determining the student eligibility for funding from our program funders
- to assist the funders of this program in research or evaluation of the program’s effectiveness

Student consent for release of information:

I do hereby authorize Indian River State College to release my student records and personal information collected during the application, participation, and completion phase of my involvement with the “The Quest” Summer Youth Program to current and potential program funders. This release is in effect during the 2021 Summer Youth Program year unless I rescind my consent in writing.

Student Name (print) _____

Student Signature _____ Date _____

Parent/Guardian consent for release of information:

I hereby authorize Indian River State College to release my personal information collected during the application, participation, and completion phase of my child’s involvement with “The Quest” Summer Youth Program to current and potential program funders. This release is in effect during the 2021 Summer Youth Program year unless I rescind my consent in writing.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

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For Office Use Only “The Quest” Summer Youth Program 2021
Student Last _____
Student First _____

Indian River State College
“The Quest” Summer Youth Program 2021
General Information & Release Form

Campers may not begin program activities until this form is completed, signed and on file.

I, _____ (print parent/guardian’s name)
as the parent/guardian of _____ (print child or ward’s name)
permit my child/ward to participate in the 2021 “The Quest” Summer Youth Program at Indian River
State College (“IRSC”).

“The Quest” Summer Youth Program is held at the IRSC Main Campus located at 3209 Virginia Avenue,
Fort Pierce, FL 34981. The camp is held Monday through Thursday from 8:30 a.m. to 11:30 a.m.

I understand the program is coordinated by IRSC Faculty, and Staff.

Drop Off – Pick Up

Please read the following carefully regarding the drop-off/pick-up of your child/ward.

1. The names listed on the registration form include **persons** who are authorized and permitted to drop off and pick up my child/ward. Any other **authorized** names should be given to camp staff in writing prior to pick-up.
2. Campers must be signed in and signed out of camp by an authorized adult. If you must pick your child/ward up at any time other than the normal dismissal time, you must report directly to the **Career Development** Program before contacting your child. A photo ID is required to pick up your child. Camp staff will assist you with getting your child out of the activity.
3. The camps are conducted from 8:30 am – 11:30 am. Child supervision will NOT be available before **8:00am** or after **12:00pm** for Campers. “The Quest” Summer Youth Program will not assume responsibility for children outside this time frame. Indian River State College is not responsible for minors authorized to leave class without adult supervision.

In consideration of the acceptance of my child/ward’s application for the “The Quest” Summer Youth Program, and on behalf of my child/ward I hereby waive, release, indemnify, defend and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child/ward as a result of participation in the Camp. This release is intended to discharge in advance and hold harmless Indian River State College, its District Board of Trustees, faculty employees, volunteers and agents from liability. It is understood that some recreational activities involve an element of risk or danger

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Student Last _____
Student First _____

Indian River State College
“The Quest” Summer Youth Program 2021
General Information & Release Form

of accidents, and knowing those risks, I hereby assume those risks on behalf of my child/ward. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my child/ward's heirs and assignees.

I acknowledge and agree that this consent and release shall be interpreted in accordance with the laws of the State of Florida and that any dispute arising from the enforceability and/or interpretation of this Release shall be filed in a court of competent jurisdiction in Saint Lucie County, Florida.

I acknowledge that I have had an opportunity to review “The Quest” Summer Youth Program materials prior to enrolling my child/ward in the Camp. I agree that I and my child/ward will follow the policies of “The Quest” Summer Youth Program and the instructions given by Camp staff. I understand that IRSC has the right to refuse or remove any participant who fails to follow such policies and instructions.

If signing on behalf of a child or ward, I acknowledge that I am the natural parent (guardian) of a child/ward and that I also have legal custody of the child/ward.

I AM OF AT LEAST 18 YEARS OF AGE AND HAVE READ AND UNDERSTAND THIS AGREEMENT AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

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For Office Use Only “The Quest” Summer Youth Program 2021
Student Last _____
Student First _____

**COVID-19 – Indian River State College (IRSC)
Activities Student Permission Form, Release and Hold Harmless**

In consideration of _____ (NAME OF STUDENT) (hereinafter “Student”) being allowed to attend and participate in-person in Indian River State College (IRSC) (hereinafter “IRSC”) IRSC related activities (hereinafter “Activities”), to include but not limited to educational, co-curricular, and extracurricular programs, the undersigned acknowledges and agrees that:

1. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Corona Virus Disease 2019 (hereinafter “COVID-19”) or other medical conditions, diseases, or maladies does exist, and, despite IRSC’s good faith implementation of the Florida Department of Education’s recommended health, hygiene, and social distancing best practices, it is impossible to eliminate the risk that Student might be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. Risk from contracting such communicable disease might include illness, permanent disability, or death.

2. COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults, and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on Center for Disease Control (hereinafter “CDC”) guidance, those at high-risk for severe illness from COVID-19 are people 65 years and older; people who live in a nursing home or long-term facility.

Those at severe risk also include people of all ages with underlying medical conditions, particularly if not well controlled, including, but not limited to chronic lung disease or moderate to severe asthma; serious heart conditions; those who are immunocompromised (many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications); severe obesity (body mass index [BMI] of 40 or higher); diabetes; chronic kidney disease undergoing dialysis; and, liver disease.

3. By signing below the undersigned acknowledges that Student does not have an underlying medical condition, as referenced herein, or that if Student has such underlying medical condition that the undersigned will first obtain written permission from a licensed healthcare professional prior to Student attending or participating in IRSC activities, which written approval will be provided to IRSC in advance of attendance or participation.

STUDENT’S INITIALS _____ PARENT OR LEGAL GUARDIAN’S INITIALS _____

4. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19: cough; shortness of breath or difficulty breathing; fever of 100.3 degrees Fahrenheit or above; chills; muscle pain; sore throat; new loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

5. Student will not attend IRSC activities and Student or Student’s parent or guardian will notify IRSC officials if Student currently has symptoms or have been in contact with anyone with a confirmed COVID-19 diagnosis in the last 14 days.

**COVID-19 – Indian River State College (IRSC)
Activities Student Permission Form, Release and Hold Harmless**

6. Student will not attend or participate in IRSC activities if they are subject to state or federal government directed quarantine or isolation.
7. IRSC retains the right to deny Student's attendance or participation in IRSC Activities, if IRSC determines that such attendance or participation is an undue health risk to Student or others. IRSC similarly has the right to deny any other individual from attending IRSC activities if said individual's attendance poses an undue health risk to that individual or others. IRSC reserves the right to conduct screening measures, including but not limited to, taking Student's temperature, and inquiring about current symptoms, before Student may attend a IRSC practice or event.
8. THE UNDERSIGNED KNOWINGLY AND FREELY ASSUMES ALL SUCH RISKS for Student's attendance or participation in IRSC Activities.
9. The undersigned agrees that the undersigned and Student will comply with any safety or health related rules, terms, or conditions for participation in IRSC Activities.
10. If Student or Student's parent or legal guardian observe any unusual, significant hazard during their presence or participation in IRSC Activities, Student or Student's parent or guardian will remove Student from participation and bring such observation to the attention of the nearest IRSC employee.

After fully and carefully considering all the potential risks involved, I hereby assume the same and agree to release and hold-harmless the St. Lucie County School District and its employees, officers, agents, contractors and vendors ("IRSC") from and against, all claims and liability resulting from exposure to disease-causing organisms and objects, such as COVID-19, associated with Student participating in IRSC Activities, to include, but not limited to educational, co-curricular, or extracurricular programs.

Date _____

Printed Name of Student _____

Signature of Student _____

Printed Name of Student's Parent or Legal Guardian _____

Signature of Student's Parent or Legal Guardian _____

STUDENT'S INITIALS _____ PARENT OR LEGAL GUARDIAN'S INITIALS _____

COVID-19 - IRSC Activities Student Permission Form, Release and Hold Harmless