**Alliance of Rhode Island Southeast Asians for Education**

#  **Hidden Lotus Program**

# **July 16- July 27, 2018, 10:00 AM - 3:00 PM**

# **Roger Williams University**

#  **1 Empire Plaza, Providence RI 02903**

#

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

Address/City/Zip/Apt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Date of Birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Grade\_\_\_\_\_\_\_\_\_

Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Parent Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian’s Name Cell Phone Number /Work Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian’s Name Cell Phone Number /Work Phone Number

###  **Health Information**

List any allergies or health problems your child has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child taking medication? YES NO If yes, what kind and for what condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Emergency Contact**

Name: (other than parent or guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work # \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARISE will provide RIPTIKS for youth who require a mode of transportation, please check the appropriate box:

◻ Yes, I need a RIPTIKS

◻ No, I have transportation to and from the program

Light breakfast and lunch will be provided, confirmations will be sent out upon receipt of this permission slip

I, the parent or guardian, agree to allow my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Child’s name)

to participate in the Alliance of Rhode Island Southeast Asians for Education (ARISE) program Hidden Lotus. I am aware that the program takes place on July 16 - July 27, Monday through Friday from 10 AM - 3 PM at Roger Williams University, 1 Empire Plaza, Providence 02903. I/We assume all risks and hazards incidental to such participation including if needed transportation to and from the program. This form also serves to hereby waive, release, absolve, indemnify, and agree to hold harmless ARISE, all of its personnel, and chaperones for any claims arising out of a liability in case of accident and injury connected with this program.  This does not release from responsibility for any injury, etc., resulting from gross negligence on the part of ARISE or its staff.

I also grant my permission to the Alliance of Rhode Island Southeast Asians for Education and their agents to videotape film/photograph and quote my child and reproduce any artwork, writing and other projects produced for ARISE, and to publish in the future these videotapes, movies, films, photographs, statements, artwork, writings and other projects with or without their name for any editorial promotional advertising, trade, or other purposes.

I agree to have basic first aid/CPR administered on my child if deemed medically necessary. If I cannot be reached in the case of a medical emergency, I agree to have my child treated accordingly at the nearest hospital.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_