



Student Registration Form

Student Name: _____ **Date:** _____

Student Address: _____
(Give Parent / Guardian Living Address if you don't have your own)

Student Email: _____ **Phone:** _____
(Give Parent / Guardian Email Address if you don't have your own)

School Name: _____ **Grade (K-12):** _____

Student requests tutoring in the following subjects: (Check all that apply)	Subject Grade History (letter grade or GPA)*			
	Current Term	Last Term	2 Terms Ago	3 Terms Ago
<input type="checkbox"/> Math				
<input type="checkbox"/> Science				
<input type="checkbox"/> Language Arts				
<input type="checkbox"/> Social Studies				
<input type="checkbox"/> Foreign Language				

**Not required if school attended does not use a letter grade or grade point system in assessing student performance.*

Parent / Guardian (if student is under 18 years of age):

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Emergency Contact:

Name: _____ **Relationship:** _____ **Phone:** _____



Student Code of Conduct

- I understand that it is a privilege for me to participate in this program.
- I understand that while I am at a tutoring drop in center I am to be engaged in small group study, individual study or research, or engaged with a tutor.
- I understand that every student and member of the staff deserves my respect.
- I agree to conduct myself in a manner appropriate to a study environment.
- I understand that if I am not conducting myself appropriately I will be asked to leave.
- I understand that if I am asked to leave for a second time, I will not be allowed back for the remainder of that school term (either on-line or at the drop-in center).
- I understand that the virtual campus is strictly for the use of tutoring and academic study. Any other use is grounds for removal of my online privileges.
- I understand that posting answers on the virtual campus for homework, tests or other academic endeavors is strictly prohibited and may result in my loss of online privileges.
- I understand that the computer labs at the drop-in centers are strictly for academic work and research. Any other use is grounds for dismissal.

Student Name: _____

Signature of Student

Date



Waiver, Release of Liability, Indemnification and Consent to Medical Attention

In exchange for my being allowed to participate in the Village Tutors program (the "Program"), a program administered by Village Tutors, I, and my parent or legal guardian (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

1. **Voluntary Participation.** I understand and confirm that my participation in the Program is voluntary.
2. **Identification of Risks.** I understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with my participation in any aspect of the Program, or with the time I am involved in the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of Village Tutors or its directors, officers, employees, agents, volunteers, successors, or assigns, including but not limited to risks created by the following:
 - (a) the use and condition of various premises, facilities, and equipment;
 - (b) the lack or inadequacy of policies, rules, or regulations of the Program;
 - (c) the failure of FFA to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of persons, other than those affiliated with Village Tutors;
 - (d) the inadequacy or unavailability of medical facilities or treatment; or
 - (e) the lack or inadequacy of supervision.
3. **Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Program.
4. **Release and Waiver.** I release Village Tutors and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether or not caused in whole or part by the negligence or other misconduct of Village Tutors or any of the individuals mentioned above.
5. **Indemnification.** I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) Village Tutors and its directors, officers, employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss, damages, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of my participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of Village Tutors or any of the individuals mentioned above.
6. **Binding Effect.** This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of Village Tutors and its successors and assigns.
7. **Consent to Medical Treatment.** I authorize Village Tutors to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical



services. This consent does not impose a duty upon Village Tutors to provide such assistance, transportation, or services.

- 8. Severability. If any term or provision of this instrument or the application thereof to any person or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.
- 9. Applicable Law. Because Village Tutors and the Program are headquartered in the State of Washington, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Washington.

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT VOLUNTARILY.

Both parents or the legal guardian(s) must sign:

In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the above named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Waiver, Release of Liability, Indemnification and Consent. Further, I/we hereby authorize Village Tutors to contact my student’s school to share information on this student’s progress in tutoring sessions. Additionally, I/we authorize my student’s school to share information regarding my student’s past, present and future performance including classes taken and grades awarded. I understand and agree that Village Tutors are NOT sponsored by the White River School District, and that the White River School District assumes no responsibility for the conduct or safety of the program/activity.

Parent / Guardian: _____

Printed Name	Signature	Date

Parent / Guardian: _____

Printed Name	Signature	Date



Demographic Questionnaire

The information gathered through this questionnaire is strictly for statistical purposes and will remain confidential. Please do not put your name on this form or identify yourself in any other way other than through the questions asked.

I live: Inside City Limits Outside City Limits Outside County Limits Unknown

Homeless: Yes No

Single Parent/Adult Household: Yes No

Annual Household Income:

< \$20,200 \$20,201 to \$33,670 \$33,671 to \$53,870 >\$53,870

Student Age: 0-5 6-10 11-13 14-17 18+

Student Gender: Female Male Transgendered/Other

Student Disabilities: Yes No

Student Race/Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian, Asian-American |
| <input type="checkbox"/> Black, African-American, Other African | <input type="checkbox"/> Hawaiian Native or Pacific Islander |
| <input type="checkbox"/> Hispanic, Latino | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Other Non-White/Non-Caucasian | <input type="checkbox"/> White or Caucasian |

Refugee/Immigrant: Yes No

Limited-English Speaking: Yes No

Military or Veterans' Child or Dependent: Yes No