El Barrio Raíces Summer Program 2022
Application Instructions

The application period for El Barrio Raíces Spring program is from April 1st – June 25th, 2022. Participants will be admitted to the program on a first come, first served basis. The program is open to children between the ages of 9 and 12, who live in the City of New York and its five boroughs.

The program will take place in person with the required protocols to assure the safety of everyone participating of the program. The program will take place at the Julia de Burgos Performance and Arts center locate at 1680 Lexington Ave, between 115th and 116th street. There will be a final presentation at the end of the program. It is important that all children complete the curriculum of the program.

*The program is free of charge to all participants.*

**Documents necessary for registering:**
1. Complete application.
2. Sign the program rules document.
3. Sign waiver of responsibility.
4. Photo release form.

**Documents that you need to submit with application:**
1. Proof of age: Any document that establishes the age of the child. We are accepting children ages 9-12.
2. Evidence that the child resides in NYC. Any official document will be accepted, as long as it has the name of the child or the parents along with the NYC address.

Please send all documents to the following email: elbarrioraicescamp@gmail.com

If you have any trouble sending the documents via email, please contact us at: 347-724-3640 or 917-239-0246.

The program will take place Monday through Friday from 9am to 3pm. July 11th -29th, 2022.
El Barrio Raíces Summer Program Application 2021

This program is free of charge for children ages 9-12 that reside in one of the five NYC boroughs.
For questions, please contact via phone or email.
Registration period: April 1st to June 25th, 2022.
Program dates: Monday through Friday 9am to 3pm

Date: ____________________________

Applicant's name: ____________________________ Applicant's last name: ____________________________

Age: ____________________________ Date of birth: ____________________________

Please remember to attach proof of age. (Birth certificate, passport, school Id, medical record, any document that confirms date of birth.)

Parent name ____________________________________________ Phone# ____________________________

Parent name ____________________________________________ Phone# ____________________________

Email ____________________________ Additional phone number: ____________________________

Mailing Address ____________________________________________________________

Physical Address ____________________________________________________________

Remember to send proof of residence of NYC or any of the five boroughs.

Emergency contact: ____________________________________________________________

Relationship with participant ____________________________ Phone #: ____________________________

At what school is the child currently registered? ________________________________________

On what school grade is the participant registered for school year 2022-2023? ________________
REGULATIONS AND CONDITIONS

1. Registration is limited to 20 students.
2. Participants will be registered on a first comes first served basis.
3. Those children that register in the program, need to be present at all classes.
4. The program is available to children between the ages of 9-12. We require proof of age when registering.
5. The program is for children that live in the five boroughs of NYC. Please provide proof of residence.
6. El Barrio Raíces Summer Program will take in person with the required safety measures established by the government.
7. The program will take place Monday through Friday from 9am to 3pm, July 11th to July 29th, 2022.
8. There will be a final presentation July 29th, 2022 at 6pm at the Julia de Burgos Theater. There will be in person audience and it will also be broadcasted live on YouTube and on our social media channels.
   The final presentation is free of cost and it is open to parents, family, friends and anyone interested.
9. El Barrio Raíces Spring Program is free of charge for all participants.
10. If the participant needs to be absent for a justifiable reason, please let us know ASAP.
11. If a participant is absent twice they won’t be able to return to the program.
12. It is important that participants arrive on time to their classes. Two lateness will count as an absence.
13. We provide and encourage an atmosphere of respect between participants, parents and teaching artists.
14. Participants should wear comfortable clothing and shoes.
15. The use of tabaco, drugs (legal or illegal), or alcohol is prohibited. Possession of any of these will result in the termination of the program for that participant.
16. Nondiscrimination policy: El Barrio Raíces Summer Program and its producers: does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients

I (parent/guardian name in print) __________________________________________understand the authorizations, regulations and conditions stated on this registration form. I also agree that any violation to the regulation and conditions could result in the expulsion of the participant. By signing this registration, I am agreeing to everything stated in such form.

________________________________________
Name of parent or guardian in print

________________________________________
Signature of parent or guardian

________________________________________
Date
Parental Consent
I give consent for my child to participate in all the activities provided by El Barrio Raíces Summer Program, and I execute the above Release and Waiver of Liability on their behalf.

Participants name: ___________________________ Date of birth: ___________________________

Program dates for El Barrio Raíces Summer Program: July 11th-29th, 2022

Location: Julia de Burgos Performance and Arts Center 1680 Lexington Ave, NY NY

This is a legally binding Consent Form and Release of Liability made voluntarily by me, the undersigned Releaser, on my own behalf, and on the behalf of my heirs, executors, administrators, legal representatives and assigns to Boundless Theatre Company and Producciones El Barrio, Hispanic Federation, and its sponsors (hereinafter El Barrio Raíces Spring Program)

The undersigned hereby acknowledges that participation in the above-named activity involves inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of El Barrio Raíces Summer Program allowing the undersigned to participate in the above named activity and hereby release and forever discharge El Barrio Raíces Summer Program, Boundless Theatre Company, Producciones El Barrio, Hispanic Federation, its sponsors, their prospective board of directors and employees of any and all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

Consent for treatment
I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating at the El Barrio Raíces Summer Program. It is understood that Boundless Theatre Company, Producciones El Barrio and Hispanic Federation, will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in El Barrio Raíces Summer Program and its activities.

By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages, and losses of any type, which may occur to me or/and my child, and I hereby fully and forever release and discharge El Barrio Raíces Summer Program and its producers: Hispanic Federation, Boundless Theatre Company, and Producciones El Barrio, its officers, sponsors, employees, and insurers including any self-insurance funds of the state for any and all claims, demands, damages, rights of action, present and future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my participation in this class.

I have read and understood the foregoing Release and Waiver of Liability and parental consent form, and agree to all of its terms and conditions.

___________________________________________
Name of parent or guardian

___________________________________________ Date
Signature of parent or guardian
Boundless Theatre Company & Producciones El Barrio
Tel: 347-724-3640/ 917-239-0246 / Email: ElBarrioRaicesCamp@gmail.com

Waiver and Release Form for El Barrio Raíces Summer Program 2022

Photo Release Form for Minor Children

I, ________________________________________ hereby authorize “El Barrio Raíces Summer Program” to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the promotion of events and for archival purposes, in print and on the following websites, Facebook pages, Twitter, and Instagram: Boundless Theatre Company Inc., Producciones El Barrio and Hispanic Federation. I release Boundless Theatre Company Inc., Hispanic Federation, and Producciones El Barrio, from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Boundless Theatre Company Inc., Hispanic Federation, and Producciones El Barrio, to use their photographs and names. I acknowledge that since participation in publications and websites produced by Boundless Theatre Company Inc, Hispanic Federation, and Producciones El Barrio is voluntary, neither the minor children nor we will receive financial compensation. I further agree that participation in any publication and website produced by Boundless Theatre Company Inc., Hispanic Federation, and Producciones El Barrio is voluntary, neither the minor children nor we will receive financial compensation. I further agree that participation in any publication and website produced by Boundless Theatre Company Inc., Hispanic Federation, and Producciones El Barrio is voluntary, neither the minor children nor we will receive financial compensation.

Print name of parent or guardian______________________________________________________________

Signature__________________________________________________________

Address_____________________________________________________________________________________

Date__________________________

Name and age of minor child:

Name: _________________________________________________________________________________

Age: _________________________________________________________________________________
Emergency Medical Information (please fill yes or no)

Did your child get the Corona Virus/Covid 19 Vaccine?________________________________________________
Date of second dose:________________________________________

Allergy to a medicine, food, plant, animal, or insect____ Describe:_______________________________________________

Is the participant carrying an epinephrine pen?____

Any condition that requires special care, medication or diet:_____________________________________________________

Describe:_______________________________________________________________________________________________

Asthma____
Contact lenses___
Seizure Disorder____
Diabetes____
Heart Trouble____
Bleeding Disorder____

Medical History: (check yes or no)

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<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Details</th>
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<tr>
<td>Serious illness</td>
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<td>Serious injury</td>
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Does your child have frequent: (circle yes or no)

Y/N Eye Infections        Y/N Respiratory Infections
Y/N Ear Infections        Y/N Urinary Tract Infections
Y/N Throat Infections

Does your child have: (circle yes or no)

Y/N Heart Murmur         Y/N Menstrual Problems
Y/N Rheumatic Fever      Y/N Hernia
Y/N Stomach/Intestinal Problems Y/N Back or Joint Pains

Explain any of the above:____________________________________________________________________________________

Has the child had Chicken Pox? Yes____ No____ If yes, when? Date__________________________________________

Has the child had Mumps? Yes____ No____ If yes, when? Date_______________________________________________
Has the child been exposed to a contagious disease within the past three weeks? _________________

Has the child had lice in the past six months? _____________________________________________

Does this child take any medication on a regular basis? Yes____ No____ If yes, explain:

____________________________________________________________________________________

Will the medication need to be administered during program hours? _____Yes ______No

If your answer is yes, list medications and directions for taking the medicine: (Please note that we
are not allowed to administer medication to the participants, they would need to administer
it to themselves.)

____________________________________________________________________________________

Is your child allergic to any foods?____ Yes_______No.

If you answered yes, please explain:____________________________________________________________________________________

Is your child allergic to latex, make-up, any fabrics or any other material? ______Yes____ No

If you answered yes, please explain: _______________________________________________________________________________________

Is your child allergic to any medicines? ______Yes____ No

If you answered yes, please explain: _______________________________________________________________________________________

*If there's a medical emergency, the program will inform the parents or guardians right away. If urgent medical attention is needed the program director will contact the parents or guardians and also contact 911. Directors, teachers, and staff are not trained as medical professionals; they will contact 911 or the local hospital if needed.

To the best of my knowledge, the above information is correct. I give my child permission to participate in all program activities and trips. In the event of accident or illness, I authorize the program to contact 911 in case of a medical emergency.

Name of participant________________________ Date of birth________________ Age__________

Name of parent or guardian_____________________________ Date___________________________

Signature of parent or guardian________________________________________________________________________________