



2011-2012

Reading Tutoring Program

One-on-One Individualized Lessons

1st-8th Grade

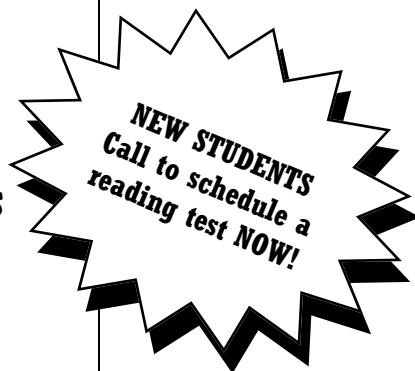
\$25 monthly fee

Students come 2 times each week for 1 hour sessions

Monday/Wednesday or Tuesday/Thursday

4:30 or 5:30 times available

September—May



Student Application Form

New to SOAR ___ / Returning Student ___

Child's Name _____ boy/girl Birth date ___/___/___

School _____ Grade in Fall ___ Repeated any grade? Y/N Which grade? ___

Parent/Guardian's Name _____

Street Address _____

City _____ Zip _____ Email _____

(please print clearly)

Phone _____ Alternate Phone _____

My child qualifies for free/reduced lunch: yes/no (circle one)

**Younger siblings (4 years-K by September 1st) may participate in our Jumpstart pre-school.

If interested please include: Name _____ Birth date ___/___/___

Session Preference

Please check one of the following:

_____ Monday and Wednesday 4:30-5:30 PM

_____ Tuesday and Thursday 4:30-5:30 PM

_____ Monday and Wednesday 5:30-6:30 PM

_____ Tuesday and Thursday 5:30-6:30 PM

For Office Use Only:

JJ _____ RDA _____ F _____ # _____ HF _____ NT _____ SCH _____ PAYMENT _____
_____ SP _____ J _____ PF _____ CASH/ CK# _____

Eagle Sports Club/SOAR Tutoring

By signing below the parent or guardian of _____
agrees to the following: (child's name)

Each child must be able to participate in the program 2 sessions per week during their scheduled time. Attendance at each session is required as well as promptness. Repeated absences or tardiness will be grounds for release from the program. Each child must be promptly picked up by the parent or guardian at the end of each session. Late pick-up will be grounds for additional fees and/or removal from the program.

Neither completion of this application nor completion of the assessment sessions guarantee program placement. Final selection process will be determined based on the number of applicants and the number of spaces available and need, based on reading scores. Eagle Sports Club/SOAR Tutoring reserves the right to accept or deny any applicant entrance into the program.

Photography Consent Agreement

I / We hereby grant to Eagle Sports Club/Soar Tutoring, their staff, volunteers, agents successors, licensees and assigns, the irrevocable right and license to use my photograph or the photograph of my child: to edit or crop photographs, to use or authorize the use of such photographs or any portion thereof in any manner or media at any time in perpetuity, to use my name, likeness, biographical or other information concerning me in connection therewith, including promotion in all media. I agree to hold Eagle Sports Club/Soar Tutoring harmless against any liability, loss or damage resulting from the use of my photograph, and hereby release and discharge this organization from any and all claims whatsoever in connection with such use of photographs.

Release of Liability and Acknowledgment of Risk

I / We recognize that serious injury sometimes occurs in connection with athletic activities, and hereby exonerate Eagle Sport Club/Soar Tutoring, its employees, coaches, volunteers or parents from any liabilities in connection therewith. Eagle Sports Club/Soar Tutoring does not provide individual accident insurance. We strongly encourage participants to seek a physician's approval before participating in an athletic activity. Participants and spectators are responsible for adequately protecting themselves against cost of injury or property damage.

Consent for Treatment of Minor Child

In my absence, I / We authorize medical, surgical and dental treatment, both emergency and non-emergency, considered necessary and proper for the diagnosis and treatment of my (our) child listed above. I / We future authorize the Eagle Sports Club/Soar Tutoring employee, volunteer, or mentor to cause my / our child to be transported to the nearest medical facility for treatment of any injury or illness. I / We further realize and hold harmless Eagle Sport Club/Soar Tutoring, its employees, coaches, volunteers or parents from any liability as the result, direct or otherwise, of this transportation or medical care. I / We hereby assume responsibility for any such treatment.

I also certify that my child is in good health and has no restrictions from competing in organized recreational activities.

I / WE HAVE READ THE ABOVE WAIVERS FOR **PHOTOGRAPY CONSENT, RELEASE OF LIABILITY, AND CONSENT FOR MEDICAL TREATMENT** AND UNDERSTAND THEM AND, BY SIGNING BELOW, AGREE TO THEM.

Signature of parent or legal guardian

Date