Here are the last things we need from you:

☐ A letter from a parent / guardian explaining how you would benefit from being in the EVOLUTIONS After School Program. (Note: As required, we can accept letters written in a language other than English. Letters can be mailed to the address below, emailed to peabody.afterschool@yale.edu or dropped off at the Peabody Museum)

☐ A letter of recommendation from a teacher you’ve known for at least a year. (Note: Letters should be emailed to peabody.afterschool@yale.edu)

Also, please submit:

☐ A signed 2011/12 EVOLUTIONS After School Program Assumption of Risk & Waiver (attached)

☐ A signed 2011/12 EVOLUTIONS After School Program Parent / Guardian Consent Form (attached)

☐ A signed 2011/12 EVOLUTIONS After School Program Medical Questionnaire Form (attached)

Finally, don’t forget:

- Applications are due Tuesday, Sept 20th and the program will begin the week of October 3rd

- Paper applications can be downloaded from: http://peabody.yale.edu/education/evolutions/info-potential-applicants

- Applications can be submitted any one of several ways:
  - Complete the application online – preferred – at http://tinyurl.com/EVO2011Application
  - Fax or mail the application (you may be able to fax it from your school to 203.432.2026)
  - Drop off your application at the Peabody Museum’s reception desk

- You will be notified by Wednesday, September 28th whether you have been accepted
2011/12 EVOLUTIONS AFTER SCHOOL PROGRAM

Assumption of Risk & Waiver

I, ____________________________ will be participating in the Yale Peabody Museum EVOLUTIONS After School Program. I understand that this document is valid for one (1) calendar year from the date signed.

I hereby acknowledge that I have voluntarily and freely elected to participate in the Yale Peabody Museum EVOLUTIONS After School Program. I understand and agree that Yale University and/or its directors, employees, agents, or representatives assume no liability for injury or illness to person, or damage to or loss of property, of any nature whatsoever, including any injury, illness or damage resulting from, for example, participation in field trips, transport to and from field trip locations or work conducted in Yale and/or Peabody Museum facilities.

I understand participation in the Yale Peabody Museum EVOLUTIONS After School Program carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks may vary, but could range from minor to severe. I acknowledge that I may be expected to use a variety of scientific tools and other equipment, and I agree to participate in training in proper use and follow instructions for proper use of these tools and equipment, utilize provided protective gear, and only use these tools and equipment when supervised. In participating in this program, I voluntarily and freely assume all risk of accident, injury, illness or damage to property.

I agree to release, indemnify, hold harmless and defend Yale University, and its directors, employees, agents and representatives from and against any claim which I, my parents or guardian(s), or any other person, may have for any losses, damages, or injuries arising out of or in connection with my participation in the Yale Peabody Museum EVOLUTIONS After School Program. Yale University shall also not be responsible to me or to any other person for illness, injury or damage to or loss of property due to my own acts or omissions.

If participant is not of legal age (eighteen [18] or older), signature of the participant’s parents or guardian(s) is required. Application of signature attests that participant, or, if not of legal age, participant’s parents or guardian(s), has read and understands the terms of this Assumption of Risk and Waiver, is competent to execute it, is doing so of his/her own free will and accord, voluntarily and without duress, and does so intending to bind participant, parent or guardian, executor, heirs and administrators or assigns to the fullest extent allowed by law. Valid for 1 year from date of signature.

Name of Program Participant

Date of Birth

Name of Legal Parent/Guardian

Signature of Legal Parent/Guardian

Date
# 2011/2012 EVOLUTIONS After School Program Medical Questionnaire Form

## Student Information

Student's Full Name: ____________________________

<table>
<thead>
<tr>
<th>Age</th>
<th>Height</th>
<th>Weight</th>
<th>Hair Color</th>
<th>Eye Color</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Primary Care Physician: ____________________________

Dentist: ____________________________

Phone: ____________________________

Phone: ____________________________

Does your child have any allergies to food, medications or insects?  
☐ Yes  ☐ No  If yes, what are they and what are the treatments for them?

---

Does your child carry this treatment with him / her?  
☐ Yes  ☐ No  ☐ Not Applicable

Do EVOLUTIONS staff have permission to administer treatment if an allergic reaction occurs?  
☐ Yes  ☐ No  ☐ Not Applicable

Medical History: Please include any information that would affect diagnosis or treatment, such as diabetes, seizure disorders, injuries, etc...

---

Does your child have any special needs?  
☐ Yes  ☐ No  ☐ Not Applicable  If yes, what are they?

---

Are there any special accommodations we need to make for your child?

---

## Medical Insurance Information

Company: ____________________________

Address: ____________________________

Phone: ____________________________

Policy #: ____________________________

Group #: ____________________________

Policy Holder Name: ____________________________

---

## Emergency Contacts (in order to be contacted)

Parent / Guardian Name: ____________________________

Address: ____________________________

Phone: ____________________________

Day Phone: ____________________________

Eve Phone: ____________________________

Cell Phone: ____________________________

Relationship to Student: ____________________________

Emergency Contact 1: ____________________________

Address: ____________________________

Phone: ____________________________

Day Phone: ____________________________

Eve Phone: ____________________________

Cell Phone: ____________________________

Relationship to Student: ____________________________  Can student be released to this person?  
☐ Yes  ☐ No

---

Emergency Contact 2: ____________________________

Address: ____________________________

Phone: ____________________________

Day Phone: ____________________________

Eve Phone: ____________________________

Cell Phone: ____________________________

Relationship to Student: ____________________________  Can student be released to this person?  
☐ Yes  ☐ No
2011/2012 EVOLUTIONS After School Program Medical Questionnaire Form (continued)

Medical Assistance Procedure and Authorization

In the event of an incident requiring medical attention:

• The Parent/Guardian will be contacted immediately

• If the Parent/Guardian cannot be reached, we will attempt to contact him/her through the emergency contacts listed above

• If the parent/guardian still cannot be reached, we will do one or more of the following dependant upon the severity of the situation:
  
  o Call student’s physician
  
  o Release student to authorized emergency contact
  
  o Call for emergency first aid assistance
  
  o Seek student transportation to the Yale-New Haven Hospital or nearest medical facility (e.g. if the student is on a field trip). Students will be accompanied by an EVOLUTIONS staff member.

In the event that I am unavailable to answer for my child, I hereby give permission to EVOLUTIONS Program Staff to seek emergency medical treatment for my child, including but not limited to X-rays, anesthetic, medical/surgical diagnosis/treatment and hospital care. I have filled out this form to the best of my knowledge and do hereby assert that all medical information is true and correct.

Parent/Guardian Name: ___________________________ Signature: ___________________________ Date: _____________
Please check “Yes” or “No” below to allow / withhold permission for the EVOLUTIONS After School Program to include your child in the following components of our program. Participation in EVOLUTIONS is not dependent on answering yes to these questions (*see media release exception below). Valid for 1 year from date of signature.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I give permission to allow my child to fill out surveys, and participate in interviews to share his/her perceptions of the benefits and quality of the EVOLUTIONS program. I understand that my child can discontinue participation in these surveys and interviews at any time.</strong></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>I give permission for my child to attend all EVOLUTIONS-sponsored field trips subject to the provisions outlined in the 2011/12 EVOLUTIONS After School Program Assumption of Risk &amp; Waiver.</strong></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>I give permission for the EVOLUTIONS program to obtain my child’s school records (e.g., courses taken, grades, and test scores). This information will be used in conjunction with other survey data, treated anonymously and maintained in electronic files with strict confidentiality.</strong></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>I understand that some of the collected information may result in data publication, but that all responses will be treated as confidential and will be reported as a group. Details about individuals or families will be kept confidential and not disclosed.</strong></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>*<em>I give the EVOLUTIONS program permission to use my son/daughter's/my photograph(s), essays, quotes, or coursework in promotional materials and publicity efforts. I understand that the item(s) may be used in a publication, print ad, electronic media (e.g. video, Internet), or other form of promotion. I release the Yale Peabody Museum, Yale University, the photographer, their office, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. <em>Note: Due to the size and structure of the EVOLUTIONS After School Program we are not able to properly police exceptions to this policy. We apologize for any inconvenience.</em></em></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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**Name of Program Participant**

**Name of Legal Parent / Guardian**

**Signature of Legal Parent / Guardian**

**Date**