

**Please read and fill out all six pages of this registration form**

**Please complete a separate Registration Form for each participant.**

**Program Information**

Program Name	Lingletes Linguistic Challenge
Program Start Date	Fall 24 first meeting via zoom Sept 11
Program End Date	Linguistic Challenge Nov 9th
Program Times/Schedule	Wednesdays either 5, 6, 7 pm
Program Location	Via zoom and Nov 9 <sup>h</sup> at UVA (exact time/location to be determined)

**Participant Information**

Participant's Name (First and Last)	
Participant's preferred name/nickname	
Address	
Gender (if willing to disclose)	
Age	
Grade level completing/most recently completed	

**More information to follow in October for the exact times and locations.**

**Please indicate which you prefer for your linglete Wednesday zoom meetings:**

**5pm \_\_\_\_ 6 pm \_\_\_\_ 7pm We will take 7 pm registrants, but this time is a bit overloaded.**

**Please let us know the best way to contact you via zoom:**

Please indicate how will your child be transported to and from the Nov 9<sup>th</sup> UVA challenge day.

Parent/legal guardian or authorized individual will drive them to/from the Program and will sign them in/out.

Name of Authorized Individuals (including yourself) who may Pick Up/Sign Out your Child	Phone Number

For pick up:

- The child will not be permitted to leave the Program (Nov 9<sup>th</sup>) with anyone who is not listed above.
- Authorized individuals must pick up the child in-person and will be asked to show identification to Program staff when picking up a participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

My child is sixteen years old and will drive themselves to/from the Program and may sign themselves in/out.

I give my child permission to walk home.

Other \_\_\_\_\_

### Contact Information

Name of Parent(s)/Legal Guardian(s)	Phone Number	Email Address	Relation

If there are any legal issues related to custody that we should be aware of, please provide us with an updated court document stating as such. We will abide by legal documents only when dealing with children and custody issues. Otherwise, either parent/legal guardian has equal rights to their child.

**If neither parent nor legal guardian is available in an emergency, please contact:**

Name	Phone Number	Relation

### Medical Information

Please list all allergies (medication, food, bee stings, poison ivy, etc.) and describe the nature of the reaction (rash, hives, difficulty breathing, etc.)	
Medical conditions	
If you believe your child may need accommodations to participate in this program, please let the Program Director, Janay Crabtree, know as soon as possible via email at <a href="mailto:jc9ne@virginia.edu">jc9ne@virginia.edu</a> .	
<b>Medical Costs</b> Please note: Any medical costs associated with your child's participation are the responsibility of the parent/legal guardian through health insurance or other coverage.	

## Consent and Release

### I understand, acknowledge, and agree:

- to have my child picked up if notified.
- that all information maintained by the Program is confidential and may not be released without my expressed consent.
- that my child may be dismissed if breaches of rules and regulations occur.
- to assume responsibility for damage to University or UVA College at Wise property brought about by my child.
- that unless specifically stated otherwise in the Program literature, the University of Virginia/UVA College at Wise and/or Program does not provide medical insurance to cover emergency care or medical treatment of my child.
- in consideration of the benefits of participation in this Program, I, for my minor child, the heirs, personal representatives or assigns of my minor child, consent to my child's participation in the Program activities and further waive all claims or causes of action against the Program, the University, its agents, directors, trustees, employees and volunteers (hereafter referred to as Program Group) arising out of my minor child's participation in the Program.
- that participation in the Program involves the risk of personal injury, including death, due to the potential physical, mental, and emotional challenges in the activities offered and I, for my minor child, assume all risks associate with participation in the Program. Information about activities offered as part of the Program may be obtained from the Program.
- that participation is voluntary and requires that all participants follow instructions and obey rules and policies set forth by the Program or facility.
- to release, hold harmless, covenant not to sue, and discharge the Program Group from all liability, claims, demands, actions and causes of action whatsoever, including attorneys fees, arising out of or related to any loss, damage or injury (whether direct, indirect, consequential or otherwise), including death, that my minor child might sustain or that any of my minor child's property might sustain while participating in any Program activities.

### Media Release

Includes: Interview statements, Written Testimonials, Photographs, Video, Vocal Recordings

I authorize this release based on the following conditions:

1. These records become the property of the program.
  2. This release is given without promise of compensation.
  3. This release is effective until terminated by a retraction in writing from the person granting the authorization.
  4. A release is given to the Program to any right, title and/or interest of any kind that the person granting the release may have in the records produced.
- I hereby grant to the Program the right and authority to print, record, and share my or my child's statement, photograph, video recording or vocal recording.
  - These records may be used for promotional or publicity purposes and may be published in mass media publications, Program or University/UVA College at Wise publications, Program print and digital marketing materials, Program websites or social media, or shown on television or movie presentations.
  - The release is effective until revoked in writing by the undersigned.

- Such revocation shall only be effective to prevent any expanded future use of the records.
- I further release the Program and its representatives from any liabilities, known or unknown, arising out of the use of this material.
- By signature below, I acknowledge and accept all terms and conditions of this Media Release Agreement. If I am signing this Media Release Agreement on behalf of a minor, I certify that all representations are true and that I am the minor's parent or legal guardian with full authority to bind the minor and myself to the terms and conditions of this Release Agreement.

I **DO** authorize this written content, photographic, video, or vocal recording media release.

I **DO NOT** authorize this written content, photographic, video, or vocal recording media release.

#### **Communicable Disease Disclaimer**

I understand that although the University of Virginia and/or the UVA College at Wise holds the health and safety of its community as paramount, there is no guarantee that my minor child will not be exposed to or infected with a communicable disease during participation in this program, particularly the Nov 9th competition. I have reviewed the CDC's information on the benefits of getting vaccines (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html>) and understand that, if I choose to allow my minor child to participate, the physical presence of my child as well as participation and utilization of facilities, services, and programs at the University of Virginia and/or the UVA College at Wise may carry heightened risks that cannot be eliminated regardless of the care and reasonable efforts taken to avoid and mitigate those risks. I also understand that my minor child may be at higher risk for severe complications from communicable disease if my minor child has particular conditions identified by the CDC. Despite these risks, I choose to have my minor child participate in this program. I have read and fully understand the risks associated with participation, and I voluntarily and knowingly assume those risks for my minor child as a condition of participation.

#### **Medical Care**

- I give permission to the Program Staff to give basic first aid treatment (excluding medications) to my child if he/she/they become(s) hurt/injured during the Program activities.
- I authorize the clinical staff at the University of Virginia/UVA College at Wise or other licensed health care practitioners, acting within the scope of their practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the Program.
- I agree to the release of records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. If treatment is provided by the University of Virginia/UVA College at Wise or other licensed health care practitioner, I understand that the University/UVA College at Wise charges for services and that it is my responsibility to pay the bill. I may be responsible to submit any claims to my health insurance carrier for reimbursement. I also authorize the Program to receive medical/billing information and submit it to the University/UVA College at Wise insurance carrier.
- The Program is committed to protecting the medical and related health information about your child. Medical and related health information provided on this form will only be used when the Program deems necessary to provide services for your child while participating in the Program. Information will be stored, archived, and disposed of according to the University/UVA College at Wise record retention policies.
- The Program is committed to protecting the medical and related health information about your child. Medical and related health information provided on this form will only be used as the Program deems necessary to provide services for your child while participating in the Program in compliance with the University/UVA College at Wise confidentiality policies and HIPAA or other regulations, when applicable.

#### **Program Concerns, Reporting of Title IX or Child Abuse/Neglect**

Title IX prohibits sex discrimination (including sexual harassment and/or sexual abuse) against Youth Participants in any of the University/UVA College at Wise education Programs or activities, including recreational and/or athletic Programs or services operated by the University/UVA College at Wise. For more information or to review the University/UVA College at Wise Title IX policy and procedures, see [eocr.virginia.edu/title-ix](http://eocr.virginia.edu/title-ix).

To report an incident of suspected sex or gender-based discrimination, please contact University/UVA College at Wise Title IX Office, using the contact information below:

Phone: (434) 297-7988

Email: [titleixcoordinator@virginia.edu](mailto:titleixcoordinator@virginia.edu)

Parents are encouraged to notify the Program director immediately if they, or their child, are experiencing problems, difficulties, or concerns with the Program, other youth in the Program, and/or staff. You may also contact the Office of Youth Protection at [youthprotection@virginia.edu](mailto:youthprotection@virginia.edu) or (434) 243-5710.

For more information about the University/UVA College at Wise Protection of Minors and Reporting Abuse Policy or the Office of

Youth Protection, see [youthprotection.virginia.edu](http://youthprotection.virginia.edu).

### Permissions

I hereby give permission for the child (a minor) named above to participate in the Lingletes Linguistic Challenge, sponsored by Linguistics 3400 Community Engaged Course of the University of Virginia located weekly online and at UVA Saturday, November 11<sup>th</sup> and pursuant to the Acknowledgements set forth above. In consideration of such admission, I agree to release, discharge, and hold harmless the University of Virginia, its trustees, officers, agents, and employees of and from all actions, causes, lawsuits, liabilities, damages, claims, or demands whatsoever on account of any injury, accident, or illness involving the said minor and/or me arising out of my child's participation in the Lingletes Linguistic Challenge.

### Signature

I have read and completed this registration prior to signing below, and I fully understand the contents, meaning, and legal impact of this consent and release. I understand that I am free to address any specific questions regarding this consent and release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this consent and release. I agree that this Consent, Waiver, and Release Agreement shall remain in effect and apply each time my minor child participates in this Program. Since this is a digital program, digital signatures are fine.

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Parent/Legal Guardian's Name (Please Print)

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Parent/Legal Guardian's Signature

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Date

### Code of Conduct for participation in Lingletes Linguistic Challenge

The purpose of Lingletes is for your high school students to learn about linguistics over an approximately eight-week period via Zoom with university students as a type of peer mentoring learning opportunity. High students will then compete in a linguistic challenge in November as well as learn about their UVA mentors' research outcomes. Every participant, together with program administrators, agrees to meet upon the program work requirements. In making this program a success, high school students agree to have weekly meetings with UVA students to learn about linguistics terms and to work through problem sets. These weekly meetings are Wednesdays 5, 6 or 7 pm via zoom. Students must commit to **meeting online for approximately 30 minutes a week via zoom** and participating in the learning and problem-solution sets provided by the UVA students. **The student must also commit to participating in the November 11<sup>th</sup> Lingletes linguistic challenge competition.**

**As the parent/guardian, I will support my child's participation in this program by:**

- Making arrangements so my child is available to participate in the program during specified times via zoom.
- Allowing time for my child to complete required assignments.
- Communicating with staff prior to the zoom meeting start if my child must be absent.
- Not making inappropriate requests of staff that conflict with program guidelines.
- Working together with program staff to resolve issues that arise with my child.
- Having a conversation with my child about online safety and understanding that program staff are not able to monitor, nor are they responsible for, what my child does online outside of program activities. If you need a resource to discuss online safety with your child, please find information at the following URL:  
[https://rise.articulate.com/share/g66Jdl4VATWzdMgPIUBplqnrzn0okTCi#/lessons/bEKKhWMhEjeWSVBo\\_i9q3cXIIGN\\_0SUp](https://rise.articulate.com/share/g66Jdl4VATWzdMgPIUBplqnrzn0okTCi#/lessons/bEKKhWMhEjeWSVBo_i9q3cXIIGN_0SUp)

**Program volunteers commit to:**

- Respectful and effective communication with all participants and their parents.
- Helping participants have a safe and fun experience.
- Addressing problems that are brought to our attention.
- Creating an environment where everyone is welcomed and given the opportunity to succeed!
- Contributing to the success of this program. Below is an outline of expectations that we ask of all participants, their parents/guardians, and program staff.

I, [participant first name] agree to meet these program expectations:

- Treat my fellow participants and staff with respect.
- Plan for personal needs so that I can participate fully and on time in all activities.
- Challenge myself to learn and advocate for my needs, including requesting help or accommodation when I need it.
- Be an active bystander: do what I can to help others or find help when needed.
- Follow staff, volunteer and guest instructions and raise concerns respectfully.
- Complete assigned individual and group projects on time.
- If applicable: Contribute ideas and adhere to a youth-driven group agreement.

**What are the consequences if I do not meet the expectations of the program?**

- Staff will give me a warning regarding behaviors and actions that are not allowed, and in most cases give me an opportunity to correct the behavior.
- Depending on the behavior, staff may also contact my parent or guardian.
- In some cases, staff may discuss with me and require me to sign a corrective action plan to stay in the program.
- Some behaviors may result in immediate suspension or termination.

**The following may result in being dismissed from the program:**

- Bullying, harassing, or using derogatory language towards another person or group of people. This includes sending, posting, or sharing negative, harmful, false, or mean content about others online. This can include sharing personal or private information about someone else online.
- Possessing or being under the influence of alcohol, tobacco, drugs, or weapons.
- Repeated offenses that incurred warnings from staff or volunteers.
  - *Everyone contributes to the success of this program. This is what we expect of our staff. If you witness or have concerns around behavior which is not in alignment with these expectations of our staff, please contact Janay Crabtree at [jc9ne@virginia.edu](mailto:jc9ne@virginia.edu) or 434-924-6553. You can also contact the Office of Youth Protection with any questions/concerns at [youthprotection@virginia.edu](mailto:youthprotection@virginia.edu) and 434-964-8695.*

Sign below acknowledging your understanding of and a commitment to following this code of conduct. Since this is a mostly digital program, please feel free to use a digital signature or type your name which will suffice.

\_\_\_\_\_  
Participating child

\_\_\_\_\_  
Parent(s)/Guardian(s)

\_\_\_\_\_  
Janay Crabtree, [jc9ne@virginia.edu](mailto:jc9ne@virginia.edu)  
Program staff representative