



TSC Participant Registration

Participant Name: _____ Date of Birth: _____
Last First Middle Initial

School District: _____

Full Address: _____
Street City/Town Zip code

Parent/Guardian Name: _____

Home/Primary Phone: _____ Work Phone: _____ Email: _____

Do we have permission to leave a message? *Check all that apply* Home/Primary Phone Work Phone Email

Participant's Diagnosis: _____ Secondary Diagnosis: _____

Does the participant require assistive technology? Yes No *If yes, please include all communication/sensory needs:*

List **all** health issues — including but not limited to — **allergies, medications, and special dietary needs:**
*If any health issues, please submit all school health plans including **seizure, diabetic and food allergies***

Is the participant involved with any mental health or community agency? Yes No

If yes, please provide the name of the agency involved: _____

If involved with OVR, please list OVR Counselor: _____

Emergency Contacts (In addition to the Primary Parent/Guardian listed above)

Contact Name: _____ Relationship: _____

Phone: _____

Contact Name: _____ Relationship: _____

Phone: _____

Participant Signature

Date

Parent/Guardian Signature

Date



Authorization for Release of Records and Information

I hereby authorize the MyCIL Transitional Skills Center to release records, documents, or other information concerning _____

(Participant Name)

DOB: _____ to _____
Date of Birth Requester Name (School District, Social Agency, Medical Provider, Family Member, etc.)

This release covers all records maintained at the Transitional Skills Center regarding _____, including but not limited to attendance records, progress reports, and communications.
(Participant Name)

A copy of this Authorization shall be as valid as the original. This authorization is effective immediately and expires one year from the date below. I understand that I may revoke this Authorization at any time by sending written communication to the Transitional Skills Center Director.

Participant Signature

Date

Parent/Guardian Signature

Date

Staff Witness Signature

Date



Release and Waiver of Liability and Indemnity Agreement

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in MyCIL Transitional Skills Center Programs, now or at any time in the future.

ACKNOWLEDGMENT OF RISK

(Participant Name)

I, _____, a “Participant” at the MyCIL Transitional Skills Center (or as a parent/natural guardian of Participant) hereby acknowledge and agree that participation in activities at the MyCIL Transitional Skills Center comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but in no way limited to: slips, trips, and falls, and illness, including possible exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation at the MyCIL Transitional Skills Center and that said list in no way limits the operation of this Agreement.

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

(Participant Name)

In consideration of _____ participation in programs at the MyCIL Transitional Skills Center, I the undersigned Participant (or as parent and natural guardian of Participant), hereby release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, MyCIL, its officers, directors, employees, volunteers, agents, representatives and insurers (“Releasees”) from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against MyCIL on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of MyCIL Transitional Skills Center facilities/equipment or participation in MyCIL Transitional Skills Center programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

(Participant Name)

In consideration of _____ participation in MyCIL Transitional Skills Center Program, I, the undersigned Participant (or I as parent and natural guardian of Participant) agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to Participant’s participation in the MyCIL Transitional Skills Center Program. To the extent not Pennsylvania does not prohibit releases for negligence, this release is also a release of claims caused by the negligence of MyCIL, its agents and/or employees.

I agree to be financially responsible for Participant's (or as parent and natural guardian of Participant) for cost of medical treatment and understand that I should maintain health insurance. I agree that I (Participant and/or as parent and natural guardian of Participant) am responsible for damages to MyCIL equipment and/or facilities caused by Participant.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in MyCIL Transitional Skills Center Program and that Participant is voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I and/or Participant sustains while participating in MyCIL Transitional Skills Center activities and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I have signed this document of my own free will and I understand the language in this document.

PHOTO RELEASE AGREEMENT

I grant to MyCIL, its assigns and transferees, the right to take photographs of me (Participant) (or my child Participant), and to use and publish the same in print and/or electronically. I agree that MyCIL may use such photographs of me (Participant) (or my child Participant), with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Participant Name

Participant Address

Participant Signature _____ *Date* _____

I certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name

Relationship to Participant

Parent/Guardian Signature _____ *Date* _____



Parental/Guardian Consent and Release for Community-Based Learning Experiences

Background

My child, a Participant at the Transitional Skills Center (“TSC”), _____, has permission to participate in community-based learning experiences (“activity”) to be conducted at various times during the 2026-2027 program year. I understand that this activity involves travel to and from various locations in the community. I understand and acknowledge that MyCIL is the legal entity that operates the TSC.

Conduct During Activity

I understand that my child’s participation in the activity is a privilege and not a right. I acknowledge that I have spoken with my child about my child’s need to comply with the specific rules and requirements established for this activity; all TSC policies and procedures; rules of conduct set forth in the Participant Handbook; and, state and federal regulations and laws. I understand that all TSC rules and policies apply to my child and the other students during the course of the activity.

Permissions and Waiver

I also understand that a transportation company may be used to transport students to and from the activity. The transportation company will be required to carry bodily injury insurance. MyCIL’s insurance does not cover damages arising from, or related to, the operation of any private vehicle, failure to follow the directed driving route, or any personal negligence related to this activity. Any damages/harm arising from the operation of a MyCIL-owned vehicle or transportation company vehicle in relation to the above listed activity, is hereby waived as against MyCIL. *I also understand that I have the ability to refuse to sign this Form. In addition, that if I refuse to sign, my child will not be permitted to participate in the activity.*

Parental Consent and Release

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child. This consent and release has been read and is understood by me.

Participant Signature

Date

Parent/Guardian Signature

Date



Parent/Guardian-Participant Acknowledgment 2026-2027

Participant Name

Parent/Guardian Name

I/We have read and understood all of the information contained in the Parent/Participant Handbook. I/We agree to abide by and support MyCIL's Transitional Skills Center's rules and regulations, **INCLUDING THE CODE OF CONDUCT AND ALL OTHER POLICIES**, as outlined in the Parent/Participant Handbook.

We recognize that although this Parent/Participant Handbook reflects the current policies of MyCIL's Transitional Skills Center, it may be necessary to make changes from time to time to best serve the needs of MyCIL's Transitional Skills Center and its Participants.

Agreed by:

Participant Signature

Date

Parent/Guardian Signature

Date

This acknowledgment will be placed into the Participant's file.

***** Not receiving this signed acknowledgment will be considered cause for Participant dismissal. *****