



515 WEST SENECA STREET

ITHACA, NY 14850

607.275.0122 WWW.LEARNING-WEB.ORG

### Interested in The Learning Web?

Please complete this form and return with signatures to \_\_\_\_\_ at The Learning Web. If you have any questions or concerns, please call me at 607.275.0122. *We look forward to hearing from you!*

#### Students:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

*Phone* \_\_\_\_\_ *Parent's Name* \_\_\_\_\_ *Main Interest Area* \_\_\_\_\_

#### Parents/Guardians:

##### PARTICIPATION PERMISSION

As \_\_\_\_\_'s guardian, s/he has my permission to participate in The Learning Web Program. I understand that The Learning Web is a community organization that places young people in "hands-on" learning experiences, outside of the classroom. Because these are educational apprenticeships/activities, not "jobs," \_\_\_\_\_ is not covered by Workers Compensation. I will not hold The Learning Web or community mentor liable for accidents that may occur during a career exploration tour, apprenticeship, or service project.

I also understand that \_\_\_\_\_ is covered under The Learning Web's Group Protector Policy, an accident insurance plan that pays up to \$5,000 in medical expenses over and above those bills covered by my own insurance. I understand that The Learning Web works closely with school staff and the Ithaca Youth Bureau. I give my permission for The Learning Web to share information with my child's school and with the Ithaca Youth Bureau in order for the best placement to be made.

##### PHOTO PERMISSION

On occasion we use photos of our services in publications/social media. If you are willing to allow us use your child's name/photograph, please indicate your preference below. Please call us if you have any questions. Thanks!

#### **Please check the box (s) below to indicate your response:**

Yes	No	Print publications
<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Learning Web Website
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Learning Web Social Media

Please list any restrictions regarding use of photos here: \_\_\_\_\_

\_\_\_\_\_  
Youth Name (Please Print)                      Youth Signature                      Date

\_\_\_\_\_  
Parent/Caregiver Name (Please Print)      Parent/Caregiver Signature                      Date

\_\_\_\_\_  
Parent/Caregiver Phone                      Parent/Caregiver Email