PERFORMANCE INITIATIVES, INC.

Building Healthier Hearts, Minds & Bodies

www.PIFitness.org

Home of

Dear PI Parents and Guardians,

Welcome to the Performance Initiatives (PI) Afterschool Program! We are excited to have your student join us for a year of academic support, leadership development, fitness, and personal growth.

To better serve our families, PI provides after-school transportation from the following schools:

- Island High School
- Savannah High School
- Johnson High School
- Oglethorpe Charter School
- Coastal Middle School
- Hubert Middle School
- Savannah Classical Academy
- Susie King Taylor Community School
- A.B. Williams Elementary School
- Marshpoint Elementary School

Registration Requirements

To complete your child's enrollment, please submit the following required forms:

- Registration Form
- Van Transportation Policy
- Health Questionnaire

These forms are attached for your convenience. Your child may not begin the program until all required paperwork has been completed and returned.

New Family Contribution for This School Year

New this year, to help sustain and enhance our afterschool program, each family is asked to make **one** of the following monthly contributions for every child enrolled in the PI Afterschool Program:

Performance Initiatives, Inc.
2653 Causton Bluff Road | Savannah, GA 31404

- **A $20 monthly contribution per child, or**
- **One (1) hour of volunteer service each month toward a Performance Initiatives community project.**

Your support helps us continue providing high-quality programming, maintain our facilities, and create an outstanding environment for all students. We sincerely appreciate your partnership and commitment to the success of PI.

What Students Can Expect

Each afternoon, students will enjoy:

- **A nutritious after-school snack**
- **Supervised homework and study time**
- **Academic tutoring from qualified staff**
- **Athletic activities and fitness training**
- **Health and wellness education**
- **Our signature Elite Mindset Program, which focuses on building confidence, discipline, leadership, responsibility, and positive decision-making skills.**

We are also pleased to provide a complimentary evening meal, generously sponsored by Second Harvest Food Bank, and served daily from 5:00 PM–6:00 PM.

Daily Reminders

Please help your child come prepared each day by ensuring they have:

- **A refillable water bottle labeled with their name (water bottles are not provided).**
- **Closed-toe athletic shoes. Sandals, slides, Crocs, and other open-toe footwear are not permitted during program activities.**
- **Comfortable athletic clothing that allows for movement and participation.**

PI Afterschool Program Rules and Expectations

Performance Initiatives follows the Savannah-Chatham County Public School System (SCCPSS) calendar, operating from August 3 through May 21.

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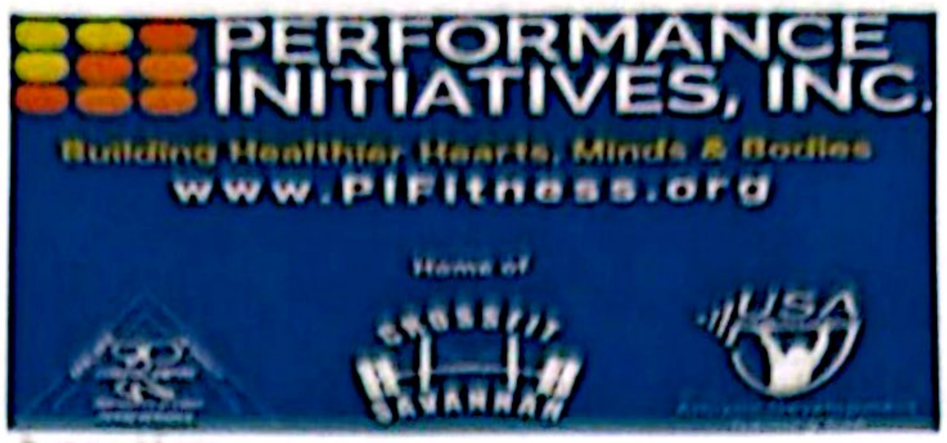
2653 Causton Bluff Road | Savannah, GA 31404



New Parent Pick-Up Location

Beginning this school year, PI has three building entrances:

- New Education Entrance
- Main Office Entrance
- Gym Entrance

All student sign-out and parent pick-up will take place at the New Education Entrance, located on the left side of the parking lot off Riverview Drive.

To ensure a safe, respectful, and successful environment, all participants are expected to follow these program expectations:

- A signed liability waiver and completed health questionnaire must be on file before participation. All health information will remain confidential.
- A copy of the student's most recent report card and Lexile score is required.
- Students are expected to demonstrate respect toward staff and peers at all times. Fighting, bullying, profanity, or disruptive behavior will not be tolerated.
- Athletic attire is required daily. Pants must be worn at the waist, shirts must be worn at all times, and overly revealing clothing, including spandex worn alone, is not permitted.
- Drugs, alcohol, tobacco products, smoking, vaping, electronic smoking devices, or other illegal substances are strictly prohibited on PI property. Violations may result in immediate dismissal from the program and possible legal consequences.
- Gum, candy, and outside junk food are not permitted.
- Cell phones, smart watches, earbuds, and other electronic devices must be turned in to the front desk upon arrival. Devices will be securely stored and returned to students during sign-out.

Pick-Up Procedures

Student pick-up is between 5:30 PM and 6:00 PM each day.

To ensure the safety of all students and staff, we ask that parents arrive on time. Students who are not picked up by 6:00 PM will incur a late fee of $2.00 per minute, beginning at 6:01 PM.

Thank You

Thank you for choosing Performance Initiatives and for partnering with us to support your child's academic achievement, character development, and overall well-being. We look forward to an outstanding year of learning, growth, and success together.

Performance Initiatives, Inc.
2653 Causton Bluff Road | Savannah, GA 31404

If you have any questions, please do not hesitate to contact us.

Warm regards,

Kerri Goodrich
Executive Director
Performance Initiatives, Inc.

Website: ww.pifitness.org

Phone: (912) 507-7106
Email: info@pifitness.org

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition ☐ OR high blood pressure ☐?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity?	☐	☐
3) Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months? Please answer **NO** if your dizziness was associated with over-breathing (including during vigorous exercise).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? **PLEASE LIST CONDITION(S) HERE:** _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:** _____	☐	☐
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer **NO** if you had a problem in the past, but it **does not limit your current ability** to be physically active. **PLEASE LIST CONDITION(S) HERE:** _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

If you answered NO to all of the questions above, you are cleared for physical activity.
Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow Global Physical Activity Guidelines for your age (https://www.who.int/publications/i/item/9789240015128).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- You are pregnant. In this case, talk with your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes. Answer the questions on Pages 2 and 3 of this document and/or talk to your health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

01-11-2024

PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c If **NO** ☐ go to question 2

1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES ☐ NO ☐

1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES ☐ NO ☐

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b If **NO** ☐ go to question 3

2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES ☐ NO ☐

2b. Are you currently receiving cancer therapy (such as chemotheraphy or radiotherapy)? YES ☐ NO ☐

3. Do you have a Heart or Cardiovascular Condition? This Includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d If **NO** ☐ go to question 4

3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES ☐ NO ☐

3c. Do you have chronic heart failure? YES ☐ NO ☐

3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES ☐ NO ☐

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b If **NO** ☐ go to question 5

4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES ☐ NO ☐

4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES ☐ NO ☐

5. Do you have any Metabolic Conditions? This Includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e If **NO** ☐ go to question 6

5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES ☐ NO ☐

5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES ☐ NO ☐

5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES ☐ NO ☐

5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES ☐ NO ☐

5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES ☐ NO ☐

PAR-Q+

6. **Do you have any Mental Health Problems or Learning Difficulties?** This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b If **NO** ☐ go to question 7

6a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
6b.	Do you have Down Syndrome **AND** back problems affecting nerves or muscles?	YES ☐ NO ☐

7. **Do you have a Respiratory Disease?** *This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure*

If the above condition(s) is/are present, answer questions 7a-7d If **NO** ☐ go to question 8

7a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
7b.	Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy?	YES ☐ NO ☐
7c.	If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week?	YES ☐ NO ☐
7d.	Has your doctor ever said you have high blood pressure in the blood vessels of your lungs?	YES ☐ NO ☐

8. **Do you have a Spinal Cord Injury?** *This includes Tetraplegia and Paraplegia*

If the above condition(s) is/are present, answer questions 8a-8c If **NO** ☐ go to question 9

8a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
8b.	Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting?	YES ☐ NO ☐
8c.	Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)?	YES ☐ NO ☐

9. **Have you had a Stroke?** *This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event*

If the above condition(s) is/are present, answer questions 9a-9c If **NO** ☐ go to question 10

9a.	Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments)	YES ☐ NO ☐
9b.	Do you have any impairment in walking or mobility?	YES ☐ NO ☐
9c.	Have you experienced a stroke or impairment in nerves or muscles in the past 6 months?	YES ☐ NO ☐

10. **Do you have any other medical condition not listed above or do you have two or more medical conditions?**

If you have other medical conditions, answer questions 10a-10c If **NO** ☐ read the Page 4 recommendations

10a.	Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months?	YES ☐ NO ☐
10b.	Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)?	YES ☐ NO ☐
10c.	Do you currently live with two or more medical conditions?	YES ☐ NO ☐

PLEASE LIST YOUR MEDICAL CONDITION(S) AND ANY RELATED MEDICATIONS HERE: _____

_____

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

PAR-Q+

If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

If you answered **YES** to **one or more of the follow-up questions** about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+ at www.eparmedx.com** and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

Delay becoming more active if:

- You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes. Talk to your health care practitioner, physician, or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com

Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

Performance Initiatives, Inc. Training Program Waiver & Registration Form

Please Print or Type

Name: _____ **Home Phone:** _____ **Mobile Ph.** _____

Mailing Address: _____
Street **City** **Zip Code**

Email Address: _____

Date of Birth: _____ **Age:** _____ **Gender:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

Primary Insurance Company: _____ **Policy Number:** _____

Allergies: _____

Please list any medical conditions and/or medications: _____

Please list Primary Physician: _____
Phone Number: _____

Performance Initiatives, Inc. policies:
ALL AFTER SCHOOL PROGRAMS FOR YOUTH AGES 7-18YRS. OF AGE ARE FREE UPON SCHOLARSHIP ACCEPTANCE. ALL YOUTH CAN PARTICIPATE PROVIDED SPACE IS AVAILABLE. ALL PROGRAMS ARE EXEMPTING FROM LICENSURE BY ANY STATE OF GEORGIA AGENCY.

- Each participant must sign a waiver and complete a health history questionnaire to be kept on file and confidential between the coach and the client.
- Each participant must provide a copy of their most recent report card and Lexile score
- No cursing allowed.
- Athletic clothing and shoes required. All pants must stay at waistline or higher. Shirts required.
- No revealing clothing allowed. If a coach deems your attire inappropriate, you will be asked to change or not allowed to participate in programs.
- **Absolutely NO drugs, alcohol, smoking, electronic smoking devices, vapes or tobacco products allowed on property.**

VIOLATION MAY LEAD TO ARREST.

- All participants will treat others with respect.
- NO fighting-you will be suspended from all programs if in violation.
- No gum allowed
- Cell phones and electronic devices are to be turned off and put to rest during classes Program enrolling for:

_____Youth Afterschool Programs _____Kids Fitness _____PI Weightlifting Team
_____Camp

Please indicate if your child receives:
____Free Lunches _____Reduced Lunches
Please indicate if your child will be registering for afterschool pick up at:
_____Island High School _____Sol C Johnson High School _____Savannah High School

_____Hubert Middle School _____Coastal Middle School ____Oglethorpe Charter School
____Savannah Classical Academy _____Susie King Taylor Community School
____A.B. Williams Elementary School ____Marshpoint Elementary

Performance Initiatives, Inc. Assumption of Risk for Participation In Program Activities

Each participant in any programs or use of facility and equipment of Performance Initiatives, Inc., or Coastal Empire Weightlifting should realize that there are substantial risks, hazards, and danger inherent in such training. Each participant in a program must be covered by an accident and health insurance policy. It is the responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparation, and training (as determined and instructed by the personal trainer or coach). Performance Initiatives, Inc., Cross Fit of Savannah, Inc, and Coastal Empire Weightlifting (CEW), do not warrant or guarantee in any respect the competence or mental or physical condition of any volunteer/trainer/coach. Performance Initiatives, Inc and Coastal Empire Weightlifting also do not warrant or guarantee in any respect the physical condition of the premises or any equipment used in connection with the activity.

Therefore, in consideration of the benefits received from the recreational program, the undersigned assumes all risks of damages or injury, including death that may be sustained by him/her while participating in a recreational, athletic or educational activity or in travel to or from such activity.

Release, Covenant Not to Sue, and Waiver

Personal Training/Coaching involves an inherent risk of physical injury and the undersigned assumes all such risks. The undersigned participant and /or parent/guardian hereby agrees that for the sole consideration of Performance Initiatives, Inc, and Coastal Empire Weightlifting, allowing the undersigned to participate in the Personal Training, Fitness and Athletic Programs for which or in connection with which the Performance Initiatives, Inc., Cross Fit of Savannah, Inc. or CEW has made available any equipment, facilities, grounds, or personnel for such training, the undersigned does hereby release, covenant not to sue, and forever discharge Performance Initiatives, Inc., Cross Fit of Savannah, Inc, or C.E.W., and its trustees, officers, agents, and employees and collectives to the "released parties" of any and for all claims, demands, rights, and causes of action of whatever kind or nature including but not limited to negligence, bodily and personal injuries, damage to property, theft of property by others and the consequences thereof collective claims resulting from participation in any way connected with such recreational programs and activities. The undersigned understands that this Release, Covenant Not to Sue, Waiver, and Assumption of Risk shall be effective upon date of signature. Likewise, the undersigned do hereby agree to indemnify and hold harmless to the released parties of and from claims by any third party relations to any negligence, bodily and personal injury, damage to property or theft of property by or involving the participant. By signing this document, the undersigned hereby acknowledges that he/she has read the above carefully before signing, and agrees to comply with all the above.

Agreement of treatment if injured

Whenever an injury and/or sickness occurs to the participant listed above while in the care of a staff member of CEW or Performance Initiatives, Inc. the signature below gives permission to authorize any emergency action needed to ensure safety of the participant. I will not hold Cross Fit of Savannah, Inc., Coastal Empire Weightlifting or Performance Initiatives, Inc. or any parties financially responsible for any injuries incurred or medical care given.

Participant Signature: _____ Printed Name: _____ Date: _____

Signature of Parent/Guardian – one signature required if participant is 17 years old or younger:

_____

Print Name of Parent/Guardian **Signature of Parent/Guardian** **Date**

Address and Phone of Parent/Guardian: _____

SIGN OUT CONTACTS FOR YOUTH

Contact Last Name	First Name	Relationship	Home Phone	Cell Phone

Performance Initiatives (PI) Van Transportation Policy
Parent/ Guardian Acknowledgment Form
Effective Date: 01-05-2026

Performance Initiatives (PI) is committed to providing safe and reliable transportation for all scholars. To support this commitment, the following van transportation policy has been established. Please review these expectations carefully with your scholar.

Parent Name _____ Date_____

Scholar Name _____ Date_____

Van Safety & Behavior Expectations

Apply a check at the end of each statement signaling, parents/guardians understand that scholars are required to follow these rules while riding in the PI van:

1. Drivers can only wait 5-8 minutes for scholars, who are riding the van.
2. Eating in the van is strictly prohibited.
3. The only beverage permitted is water.
4. Scholars must remain seated at all times.
5. Standing or reaching across seats is not allowed.
6. Appropriate, respectful language must be used at all times.
7. Slang, profanity, or disrespectful language is prohibited.
8. The van is an enclosed space, therefore, scholars must use inside voices at all times.
9. No vandalizing of property.
10. Encourage your scholar to follow all above guidelines.

Disciplinary Actions

Failure to follow van policy will result in disciplinary action as outlined below: (Parents/ guardians initials confirm that the information has been read and understood.)

_____ **First Offense:** May include, but is not limited to, a written essay, a written apology to the van driver, and physical activity (e.g., burpees)

_____ **Second Offense:** Parent or legal guardians will be notified.

_____ **Third Offense:** Suspension from van transportation services. The length of suspension will be determined based on the severity of the scholar's actions.

Scheduling & Attendance Policy

(Parents/ guardians initials confirm that the information has been read and understood.)

_____ PI van transportation is scheduled specifically for each scholar. Unless otherwise instructed by the legal guardian, PI will maintain the scholar's van schedule. Any schedule changes must be communicated in advance, before 2:15 pm, the day of. Failure to notify PI of changes will result in a $5.00 fee, payable to Performance Initiatives. Advance communication allows PI to plan and schedule transportation appropriately.

Parent/ Guardian Acknowledgment

I acknowledge that I have read, understand, and agree to the Performance Initiatives (PI) Van Transportation Policy. I understand that failure to comply with these guidelines may result in disciplinary action, including suspension from van transportation services. I have reviewed these expectations with my scholar and understand that compliance is required for continued participation on the PI van.
(sign and add scholar name below)

Scholar Name

_____

Parent/ Guardian Signature _____ **Date** _____