



# Youth Excellence Program Application

Please complete the information and return completed application to any YEP Staff

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Wk Ph#: \_\_\_\_\_

I have been provided with my own YEP policies and Guidelines. I have read, understand, had opportunity to ask questions on, and agree to all policies/procedures contain therein.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

Check here if you DO NOT want to be contacted by a Parent Volunteer Coordinator about important academic related activities.

### Emergency Contact when Parent or guardian cannot be reached

By completing information below, you are authorizing these people to sign out and transport your child; however, for your child's safety you should notify YEP staff prior to pick-up. Names of others who are authorized to pick-up your child are (these people need to live nearby and be available for emergency pick-up):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/work Phone: \_\_\_\_\_

### **For Office Use Only**

Enrolled Programs:

- Community Access Program (CAP)
- Insight Mentoring Alignment Program (iMAP)
- YEP in the Neighborhood
- Feed the Youth Afterschool Program
- Abstinence Program

Application Received/Reviewed by \_\_\_\_\_

Transportation Candidate? yes no

**PARTICIPATION, RELEASE, AND CONSENT FORM**

**PERMISSION TO PARTICIPATE**

I, the undersigned, consent for my child to participate in the **Youth Excellence Program** sponsored by **Family Support Circle, Inc.** I agree to hold harmless **Family Support Circle, Inc.** against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons about, or with reference to, the administration, planning, preparation, development, conduct, and execution of the program.

I understand that my child will participate in the **Youth Excellence Program after school, summer enrichment of mentoring program** from **20\_\_\_\_\_ to 20\_\_\_\_\_**. With advanced notice, these times and dates may be adjusted.

**Release of Information/Records:**

I, the undersigned, consent to the **Family Support Circle, Inc.** to have access to my child's school records. I agree to allow my child's school to release their school records including grades, attendance and discipline records to **Family Support Circle, Inc.** I understand that my child will complete a confidential survey about his or her attitudes and opinions as part of an evaluation. I understand the information obtained will be statistically analyzed and that my child's name will be withheld for confidentiality purposes. I understand that this information, in addition to the survey, will be part of a larger evaluation and only the program staff will have access to this confidential information.

**Medical Consent:**

I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required.

**PARENT/GUARDIAN: Does participant have any medical problems, including allergies, that we should have knowledge of?**

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**Transportation:**

I fully understand that Program staff may transport my child in a County or leased vehicle to and from various activities and hereby release and hold harmless **Family Support Circle, Inc.** against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the **Youth Excellence Program**.

**Photograph:**

I fully understand that photographs of my child's work will be displayed in the school/community and my child might be in contact with the press. Also, it may be necessary for program staff to photograph or videotape program youth to advertise the Program or for other purposes. I give permission for program staff to photograph or videotape my child.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ASSUME ALL RISKS.**

Name of Participant	Signature of Parent or Guardian	Date