



**Dial Help’s Teen Outreach Program® (TOP®)
 2020-21 Member Registration Form**

Please complete the following information (please print or type) and return this form to the child’s TOP Facilitator.

Child's Name: _____ **Gender:** _____

Child’s Date of Birth: _____ **Age:** ____ **Grade:** ____

Child’s School: _____

Name of Parent(s)/Guardian(s): _____

Mailing Address: _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____

Note: If any of the above information changes, please email teenoutreachprogram@dialhelp.org.

Emergency Contact Information

Please list two emergency contacts other than the parent(s)/guardian(s) listed above.

Name	Relationship	Home Phone #	Work Phone #
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Name	Relationship	Home Phone #	Work Phone #
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Medical Conditions/Allergies

Please list any of your child’s medical conditions/allergies that a TOP Facilitator should be aware of.

Teen Outreach Program® (TOP®) Consent Form

Your child has been chosen to participate in the Teen Outreach Program® (TOP®) replicated by Dial Help, Inc. and owned by Wyman Center, Inc. (Wyman). During TOP®, children will explore their growth and development, goals for the future, and goals for close and healthy relationships with others. This program has been evaluated nationally and has shown very positive results for young people. This unique program will involve your child in volunteer work in the community. This work may occur off school grounds. The program promotes progress in school and avoidance of behaviors which may hinder your child's most successful growth and achievement.

Please initial all consents and sign at the bottom.

Consent to Participate in the Teen Outreach Program® I, the undersigned, am the Parent or Legal Guardian of the child named below who is to participate in programs provided by Dial Help, Inc. during the current school year. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the child mentioned below to participate in all aspects of the program (including field trips and transportation) under the supervision of Dial Help, Inc. staff. I agree to hold harmless and indemnify Dial Help, Inc., its Board of Trustees, and/or its employees, agents, or lessors from any and all claims by myself, my child, my heirs, my family, or my assigns.

_____ **Yes** _____ **No**

Consent to Use Photographs I give my consent to Dial Help, Inc. to use videos and/or photographs of my child across social media accounts, in promotional materials, and for any other publicity purposes. If my child's photo is used, he/she will only be identified by his/her first name.

_____ **Yes** _____ **No**

Consent to Participate in Surveys & Data Collection: I give my consent for my child to complete surveys during their TOP® Club participation. Wyman operates a secure environment to collect and store participant information from its Teen Outreach Program®. The online system also stores information about the TOP® services each student has received.

Wyman collects the following types of information directly from TOP® participants through online surveys:

- Opinions about their experience in TOP®
- Demographics: Ethnicity/race, gender, age, grade level, parents' education level
- Social and emotional skills, sense of self, connections with others
- Grades in school, skipped classes, suspensions, graduation and schooling plans
- Pregnancy, parenting

I understand that Wyman and Dial Help, Inc. use the participants' responses to improve the Teen Outreach Program®. I understand that survey and data collection is voluntary and that my child may choose not to participate at any point in the process without risk of losing TOP® services. I am also aware my child will not be required to disclose more information than is reasonably necessary to participate in Teen Outreach Program® as a condition of participation. I am aware that survey results for the entire TOP® group may be used to market Teen Outreach Program® to increase awareness and funding; results may also be used for publications or conference presentations. However, my child's identifying information will not be disclosed except in the case where online access is unavailable and therefore paper survey data is entered by a third party or employee under a strict non-disclosure of confidential information agreement. I also understand that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

_____ **Yes** _____ **No**

Child's Name

Parent or Guardian Signature

Print Name

Date

Contact Information:

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(906) 482-8701

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