

AFRICAN AMERICAN COMMUNITY SERVICE AGENCY

Youth Leadership Academy

2010

REGISTRATION & CONSENT FORM

Section 1. Registration

Registration Fee \$20 .00 REC'D _____

Please complete the following. (Print carefully.)

Participants Name (Last) (First)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age	Birthday (dd/mm/yr) / /
Home Address	Home Phone Number		
City/State/Zip	Student Email Address		
Nickname for Badge	Grade Point Average (GPA)		
School Name	Grade in School K 1 2 3 4 5 6 7 8 9 10 11 12		
School Address	Ethnicity		
City/State/Zip	School Phone number		

Section 2. Consent

I. MEDICAL/EMERGENCY RELEASE AGREEMENT

AFRICAN AMERICAN COMMUNITY SERVICE AGENCY CANNOT AUTHORIZE MEDICAL TREATMENT, IF NEEDED, UNLESS THIS FORM IS COMPLETED AND SIGNED

The undersigned hereby gives permission for representatives of the (AACSA) to authorize emergency medical treatment as may be deemed necessary, while participating in the(YLA)

Participant Signature:

Date:

Parent Name (print clearly)

Parent Signature (if participant is under 18):

Date:

Parent Email Address

Parent Daytime Phone and Cell Phone

Insurance Co.:

Hospitalization Insurance Policy #:

II. CONFIDENTIALITY AGREEMENT

As a participant in the (AACSA/YLA) I agree to protect and preserve all confidential information to which I may be exposed. Confidential information is information, which is not generally known to others and includes information received from outside parties.

Specifically, I agree to the following:

I will not copy, nor remove any confidential information from the premises except as specifically approved by an authorized AFRICAN AMERICAN COMMUNITY SERVICE AGENCY representative.

I will not disclose to any third party any confidential information. I will use reasonable precautions, at least to the same extent I would use to protect my own confidential information to preserve and protect such confidential information while in my possession or which comes to my attention during my association with the Institute.

My obligations of confidentiality under this agreement will continue throughout the course of the Institute.

My signature indicates my agreement with the conditions herein.

Participant Signature:	Date:
_____	_____
Parent Signature (if participant is under 18 years of age):	Date:
_____	_____

III. VIDEO, PHOTOGRAPHY AND STUDENT COMMENT RELEASE

This will confirm that I, _____ have agreed to release all said rights to any photography or video taken in connection with the AFRICAN AMERICAN COMMUNITY SERVICE AGENCY. I understand that in proceeding with said photography or video the producer will do so in full reliance on the foregoing permission. I also release all said rights to any comments on quotes, which may be used in connection with corporate newsletters, industry publication, newspapers.

I expressly agree to release AACSA, its members and agents, of any and all claims which I have or may have for invasion of privacy, defamation, or any other causes of action arising out of production, distribution, broadcast, exhibition or any other use whatsoever of photography, video or comments on students.

Participant Signature:	Date:
_____	_____
Parent Signature (if participant is under 18 years of age):	Date:
_____	_____

IV. RELEASE AGREEMENT

In consideration of your allowing your student to participate in this program, I, _____, parent or legal guardian of _____, give my permission for her/his participation in the AFRICAN COMMUNITY SERVICE AGENCY. I give permission to the Institute to act on my behalf in the event of a medical emergency. On behalf of _____ and for her/his parents and family, I hereby release, waive, and agree not to assert any claim of any sort, including claims, losses, or damages on account of any injury, death or damage to property, against the Institute of any of its members, member firms, sponsors, advertisers, owners and lessees of any premises, or volunteers participating in this event relating to any accident, event or mishap that occurs in connection with _____'s participation in the event.

In case of emergency, notify:

Na me	Day Phone
Relationship	Weekend Phone
Cellular	Pager

Any known allergies or other medical/health risks or special needs:

Student Responsibility for Attendance:

I realize that if I am selected, I am committed to fulfilling all requirements of the program, including full attendance during the sessions of the YOUTH LEADERSHIP ACADEMY.

Participant Signature:

Date:

V. AGREEMENT TO PARTICIPATE

In order to provide a fun and high quality learning experience, we have created a diverse ten-day (30) day program for you. Below is an overview of what to expect. Please review the expected behaviors/planned activities, and sign at the bottom to indicate your ability and willingness to participate fully. Return the form ASAP. If you have any questions or require special accommodations, please contact me at your earliest convenience.

Marvis Barnes & Rick Anderson, Program Coordinators (AACSA)
Cell: 256-665-6468 and 317-654-3746
leadershipacademy@sjaacsa.org

Behaviors:

- o Positive attitude
- o Attendance – on time, each day
- o Professional behavior
- o Participates by asking questions, working with team members
- o Displays interest in coursework

Activities:

- o Increase social awareness
- o Effective conflict resolution discussion
- o Develop effective male/females relationship concepts
- o Provide academic enrichment
- o College Preparation and guidance
- o Verbal communication skills – individually and in groups
- o Developing healthy lifestyles
- o Leadership Skill Development
- o Financial Education
- o Multicultural Awareness

Yes! I agree to display the desired behaviors and to participate fully in the activities listed above.

No, I cannot agree to the above listed behaviors and activities.

I request special accommodations to participate (please include any dietary restrictions).
Accommodations requested are:

Participant Signature:

Date:

Parent Signature (if participant is under 18 years of age):

Date

VI. Pick/Up and Release Section:

EMERGENCY CONTACT INFORMATION & ALTERNATE PICKUP

Authorized persons other than parents/guardians to be called in case of emergency or alternate pickup.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

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Participant Signature:	Date:
Parent Name (print clearly) Parent signature if participant under 18	Date:
Parent Email address	Parent Daytime Phone and cell phone
Insurance Co:	Hospitalization Insurance Policy#