



2014 FUTURE 4 TEENS

PARENT RELEASE FORM

Future 4 Teens Programs

Please select the following Programs that you are interested in attending.

SPRING PROGRAMMING:

- April 7th- 9th 4th Annual Ladies Only College Experience
April 11th- 13th 2014 Black Male Summit
All Year College Application Access Program

SUMMER PROGRAMMING:

- June 20th-21st 6th Annual Real Talk Youth Retreat
June 23rd- June 26th 5th Annual Summer Youth Basketball League

Please note that all programs offered by Future4teens are FREE with your \$20 registration fee.

STUDENT INFORMATION

First Name: Last Name:

Today's Date: Email:

Home Address:

City: State: Zip:

Home Phone ( ) Parent Cell Phone: ( )

Grade: Birthdate (mm/dd/yyyy) Gender (X): Female Male Transgender

Racial/Ethnic Background: Black/African American Hispanic/Latino Asian American White

Native American, Tribe: Native Hawaiian or Pacific Islander

Other (specify):

Does the child/dependent have a disability? Yes No If yes, specify:

Does the child/dependent been on free or reduced lunch? Yes No

Where does the child/dependent reside in Kalamazoo? Northside Southside Westside Eastside

Other (specify):

Would the child/dependent be considered a first-generation college applicant? Yes No

Student whose parent(s)/legal guardian(s) have not completed a bachelor's degree at a four-year college or university. This means that you are the first in your family to attend a four-year college/university to attain a bachelor's degree.

MEDICAL CONDITIONS

None Diabetes Epilepsy Hearing Loss Seizures

Asthma (specify):

Food Allergies (specify):

Physical Restrictions (specify):

Other (specify):

Are you currently taking medication(s)? Yes No If yes, name of medication(s):

## EMERGENCY CONTACT INFORMATION

In an emergency who could we contact?

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Evening phone ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Evening phone ( \_\_\_\_\_ ) \_\_\_\_\_

## WELL-CHILD VERIFICATION & MEDICAL CONSENT

By signing this form, I verify that my child/dependent, **the above named student**, is in good health upon attending the Future4Teens programming.

I do hereby authorize my child/dependent, **the above named student**, to receive medical examinations and emergency treatment by a licensed physician, **if necessary**, while participating as a student in the Future4Teens activities. However, I fully understand that Future4Teens does not pay for medical services received by my dependent during his/her program experience. I also understand that such bills will be forwarded to me for payment. **If your child requires an inhaler, the child must bring it with them to the program event, and he/she must keep it with them at all times. If your child is Diabetic, all required medication should be with the child at the time of arrival. If he/she requires insulin shots, they must be able to administer it themselves. I also understand that the Future4Teens staff will not perform any medical procedures or administer any medicines to my student including aspirin or any other pain relief medication.**

Parent/Guardian signature: \_\_\_\_\_

## HEALTH INSURANCE

The above named student is covered by health insurance:  YES  NO

If your child is covered by health insurance, please complete the following information:

Insurance Company: \_\_\_\_\_

Individual Policy Holder's Name: \_\_\_\_\_

Contract #: \_\_\_\_\_ Group: \_\_\_\_\_

Service Codes: \_\_\_\_\_

If pre-authorization for referrals is necessary, please list contact number: \_\_\_\_\_

If coverage is through employer, list employer's name and address below:

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Street

City

State

Zip

Parent/Guardian signature: \_\_\_\_\_

## TRAVEL

My child/dependent, **the above named student**, is authorized to travel on Future4Teens sponsored trips and affairs in vehicles and other modes of transportation provided by the Future4Teens Program while enrolled as a participant in the programs.

Parent/Guardian signature: \_\_\_\_\_

## PHOTO & VIDEO RELEASE FORM

I, being the Parent/Guardian of **the above named student**, hereby consent that Future4Teens may take photographs, video, and/or electronic images of my child throughout the visits; which shall be the property of the Future4Teens.  YES, you have my consent  NO, you do not have my consent

Parent/Guardian signature: \_\_\_\_\_

## **RULES OF BEHAVIOR EXPECTED OF EACH STUDENT**

No alcohol, drugs, or smoking permitted.  
No leaving the program without adult staff.  
Participating in all group meetings and activities.  
Cooperating with Adult Leadership on rules.  
No inappropriate interaction with same/opposite gender

**Parent/Guardian signature:** \_\_\_\_\_

## **CONFIDENTIALITY CLAUSE**

I understand that any information discussed at and/or during the retreat that is sensitive to participants should not be discussed outside with anyone who was not a participant at the retreat. Please be **advised if any information is shared at the retreat that can be considered harmful or could cause potential harm to anyone, the Future4Teens Program are obligated to inform authorities.**

**Parent/Guardian signature:** \_\_\_\_\_

## **PARENT AND STUDENT RELEASE STATEMENT**

As parent/legal guardian of \_\_\_\_\_, I have reviewed the information about Future4Teens and the activities that my student will participate in. I here-by give my permission for my student to be involved in the overall activities. I/We have reviewed the rules that will be administered during this event and agree to abide by them. I/We also acknowledge that if my student has to return home early for discipline violations, it will be at my/our expense. I/We understand all reasonable safety precautions will be taken at all times by Future4Teens and its staff during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Future4Teens, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries by or to my student.

**Parent/Guardian signature:** \_\_\_\_\_

**STUDENT signature:** \_\_\_\_\_

**\*Remember, Please Print and Sign Form!**

**For more information, please contact:**

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