



Completed Items Check List



Students Name: _____

Phone Number: _____

Site: _____

School: _____

Age: _____

____ PARENT/GUARDIAN INFORMATION

____ PARENT/GUARDIAN INFORMATION

____ EMERGENCY CONTACT INFORMATION

____ INFORMED CONSENT FOR WAIVER OF MINOR PARTICIPANTS

____ INFORMED CONSENT FOR DRILLS AND SKILLS PARTICIPANT EVALUATION

____ INFORMED CONSENT FOR EMERGENCY MEDICAL ATTENTION

____ INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

____ INFORMED CONSENT FOR RELEASE OF INFORMATION

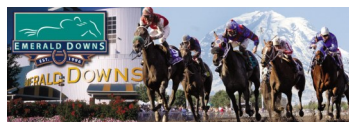
____ INFORMED CONSENT FOR AUTHORIZED ADULTS TO PICK UP PARTICIPANT

____ INFORMED CONSENT TO TRANSPORT YOUTH INSIDE THE KING/COUNTY AREA

____ Registration Fee

Aaron Brooks Drills and Skills Summer Camp

Sponsors





Drills and Skills Summer Camp



Youth Application

Year: 2017

Parent or Guardian Signature: _____

Year: _____

Parent or Guardian Signature: _____

Year: _____

Parent or Guardian Signature: _____

Year: _____

Parent or Guardian Signature: _____

STUDENT INFORMATION

Last Name _____ First Name _____ Age _____ Date of Birth ____/____/____

Street Address _____ City _____ ZIP _____

Home Phone # (____) _____ Grade _____ School _____

Email address _____ Alternate Email Address _____

Ethnicity: African/African American/Black American Indian/Alaskan Native Anglo/Caucasian

Asian American/Pacific Islander Hispanic/Latino Multi-ethnic Other _____

Who do you currently live with? (check all that apply) Mother Father Step-parent (s) Foster parent (s)

Grandmother Grandfather Aunt Uncle Sister (s) Brother (s) Other _____

Identifying Information

Male _____ Female _____

Eye Color _____

Hair Color _____

Height: _____ ft _____ in.

Weight: _____ lbs

Identifying marks:

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Relationship: _____

Employment/School _____ Address _____

Work Phone (____) _____ Cell Phone# (____) _____ Hours at Work/School ____ to ____

Home Phone (____) _____ Email address: _____

Last Name _____ First Name _____ Relationship: _____

Employment/School _____ Address _____

Work Phone (____) _____ Cell Phone# (____) _____ Hours at Work/School ____ to ____

Home Phone (____) _____ Email address: _____

Number of Languages Spoken: _____

I would love to volunteer for the Drills and Skills Program _____

I am interested in providing the following support to the program:

EMERGENCY CONTACT INFORMATION

Last Name _____ First Name _____ Relationship: _____

Address _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone# (____) _____ Email address: _____

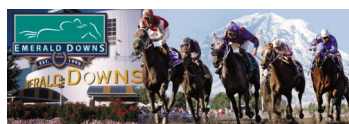
Last Name _____ First Name _____ Relationship: _____

Address _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone# (____) _____ Email address: _____

Please attach a small picture if you have one.

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DRILLS AND SKILLS RELEASE FORM

(This form must be completed by parent/guardian prior to enrollment in the Drills and Skills Program.)

INFORMED CONSENT FOR WAIVER OF MINOR PARTICIPANTS

Statement of Consent: I, _____, being the parent/legal guardian of _____, a minor, do hereby consent to his/her participation in the Drills and Skills programs, events, and functions sponsored and/or organized by the Drills and Skills Program. I understand that he/she is responsible for his/her behavior, and will only perform volunteer work that he/she is comfortable doing or participate in activities that he/she is comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance of the above-named minor's participation in Drills and Skills organized and/or sponsored projects, events, and functions, I do hereby waive and release Drills and Skills, the sponsors, their staffs and all persons directly or indirectly related to the program of any project my son/daughter works on, from any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by my son/daughter during his/her participation in a Drills and Skills volunteer program. I understand the staff and volunteers are trained in first aid and I authorize them to give my child first aid when staff deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached in the case of accident or illness, I grant the Drills and Skills staff the power to authorize emergency medical treatment necessary for my child. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries, anesthesia and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports (s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

Signature of Parent or Guardian

Date

INFORMED CONSENT FOR DRILLS AND SKILLS PARTICIPANT EVALUATION

As part of your child's participation in the Drills and Skills program, she or he is being asked to participate in an evaluation of this program. One purpose of the evaluation is to see whether the Drills and Skills Program makes a difference to the young people who participate in the program. We will ask participants about their interests, activities, and attitudes, as well as some background information about their family. We will also be gathering information related to how the program helps participants increase their academic and social skills, which may require access to academic and discipline information from the school and/or Source (if applicable). All information will be used only to evaluate the Drills and Skills program; no information will be used to evaluate any of the young people participating. We do not anticipate any risks to the young people because of their participation. The information we gather for this study will be kept confidential. *If you have any questions, please call James Hampton, Director of Evaluation at 206-351-5596.* The study may include the following activities: surveys; interviews; group interviews and observations of program participants.

Statement of consent: I understand the purposes of this study and the methods to be used. I understand that participation in this study is voluntary and that I can request at any time that the child named be withdrawn from the study. I consent to let my son/daughter participate in this evaluation study of the Drills and Skills Program.

Source sign-in code: _____

Signature of Parent or Guardian

Date

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DRILLS AND SKILLS RELEASE FORM

(This form must be completed by parent/guardian prior to enrollment in the Drills and Skills Program.)

INFORMED CONSENT FOR EMERGENCY MEDICAL ATTENTION

Name of Child (first, middle, last:) _____

Medical Concerns: Please describe any medical/physical conditions which the Drills and Skills staff should be aware of. Please include any dietary restrictions, allergies, chronic health conditions, and/or medication.

Allergies: _____

Limitations on activities: _____

Medications: _____

Dietary restrictions: _____

Chronic health conditions: _____

Additional comments: _____

Physician Information:

Name: _____ Address: _____ Phone #: () _____

Insurance Information:

Provider: _____ Policy #: _____ Phone #: () _____

Due to liability and policy, **Drills and Skills Staff are not allowed to administer any medication.** If a child does have to take medication, we recommend that either the nurse or the parent/guardian of the child will be able to provide their child the medication. (e.g. A child with A.D.D and needs to take Ritalin given by an adult.) However, if the child takes medication that he/she can take on their own then we do accept that child. (e.g. A child who has asthma and needs an inhaler.)

INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

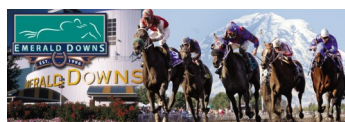
The Drills and Skills program is committed to furthering the discussion and growth of national service in the public realm. As such, I grant permission for Drills and Skills to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, web usage or other uses by Drills and Skills either associated with the program, a project, event or function or otherwise.

Statement of consent. I hereby agree to allow Drills and Skills to use any photograph and/or likeness of my son/daughter at any time during their participation in the program or thereafter, without prior approval. I acknowledge that we will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

Signature of Parent or Guardian

Date

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DRILLS AND SKILLS RELEASE FORM

(This form must be completed by parent/guardian prior to enrollment in the Drills and Skills Program.)

INFORMED CONSENT FOR RELEASE OF INFORMATION

In order for the Drills and Skills staff to meet the needs of its participants, it is imperative to have open lines of communication with the parents and school staff. The information shared with the Drills and Skills staff will assist in following-up with students' progress in both academic and disciplinary issues. This is vital to maintain a positive, mentor relationship with the students and to help make their participation in the Drills and Skills program a worthwhile experience.

Statement of consent: I, _____, being the parent/legal guardian of _____, a minor, do hereby give consent to _____ school, to release academic and discipline information to the Drills and Skills staff.

Signature of Parent or Guardian

Date

INFORMED CONSENT FOR AUTHORIZED ADULTS TO PICK UP PARTICIPANT

Please check appropriate box and fill in names and/or bus #:

- My child can be picked up by the following person (s)*:

**Only the following names have release authorization to pick up Drills and Skills Participants.*

Note: Written notification by parent or guardian must be given before participants under the age of 18 can be released into their care. If circumstances arise in which an unlisted person will be picking up your child, a phone call is **REQUIRED** for us to release your child into their care.

Name: _____ Relationship to the child: _____

Name: _____ Relationship to the child: _____

Name: _____ Relationship to the child: _____

- My child will take public transportation home from the Drills and Skills Program
Bus # or Station _____

- My child will walk home from the Drills and Skills Program

- Other: _____

INFORMED CONSENT TO TRANSPORT YOUTH INSIDE THE SEATTLE KING/COUNTY AREA

I, _____, give my permission for Drills and Skills staff to transport my son/daughter, which may include public transportation, on all service projects inside the Seattle King/County area.

Signature of Parent or Guardian

Date

Participants Commitment (Please Check)

- Student has received a Scholarship Total Amount of the Scholarship \$ _____

- Camp Fee \$90.00 (aaronbrooksfoundation.org/drillsandskills/registration)

- Commit to bring 3 4 5 (please circle one) adults to the Aaron Brooks Foundations yearly Charitibowl fundraiser Schedule TBD..

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