



Completed Items Check List



Students Name: _____

Phone Number: _____

Birth Date : _____

School: _____

____ Student 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

____ DRILLS AND SKILLS HEALTH QUESTIONNAIRE

____ 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

____ Registration Fee

Site(s) youth will be participating:

____ BITTER LAKE CC ____ RAINIER BEACH CC ____ GARFIEL CC

____ SUMMIT SIERRA HIGH SCHOOL ____ YESLER ____ VAN ASSELT

____ RAINIER BEACH (CAMP) ____ BITTER LAKE SUMMER CAMP



Drills and Skills Program



"If you do the Drills you'll get the Skills"

Youth Application

Please bring completed forms with you to the Drills and Skills Program site

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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INFORMED CONSENT FOR WAIVER OF MINOR PARTICIPANTS

Statement of Consent: I understand the staff is trained in first aid CPR and I authorize them to give 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. 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. 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 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 to the hospital.

Signature of participant

Date

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.)



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DRILLS AND SKILLS HEALTH QUESTIONNAIRE

Circle: Male Female – Any chance you are pregnant? Yes / No

Any history of spinal injury or injury to a joint or muscle?

Does it still affect you? Please describe:

The following section will be completed by the trainer at the initial consultation:

Current Bodyweight: _____ lbs.

Current Body Fat Percentage _____ %

Height: _____ ft _____ inches

Resting Heart Rate: _____ bpm

What is your blood pressure? _____ Unknown

BMI _____

Body Girths:

Waist _____ inches

Hips _____ inches

Legs (left) _____ inches (right) _____ inches

Upper Arm (left) _____ inches (right) _____ inches

Forearms (left) _____ inches (right) _____ inches

Calves (left) _____ inches (right) _____ inches

Shoulders _____ inches

Neck _____ inches

Chest (men only) _____ inches

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What are your current health/fitness goals?

What are the main reasons for your goals?

Circle any symptoms of possible coronary or metabolic disease you have recently experienced:

Chest pain shortness of breath dizzy/fainting ankle swelling heart
palpitations leg/feet cramping heart murmur

Risk factors for CHD (Coronary Heart Disease), MI (heart attack), Stroke or hypertension
(usually caused by atherosclerosis)

Do you smoke? Yes No

How much? _____ per day week month

Did you quit smoking less than 6 months ago? Yes No

Do you take: Antihypertensive medications? Yes No

Are you currently taking Beta-blockers? Yes No

Do you get at least 30 minutes of moderate physical activity everyday? Yes No

Do you have: Osteoporosis? Yes No

Osteoarthritis? Yes No

Do you suffer from back pain? Yes: Upper Mid Low No

How often? Rarely Daily Weekly Monthly

Are you often stressed? Yes No

How does it physically manifest? Headache Stomach Sleepless Irri-
table Other _____

How many times do you get sick (common cold) per year?

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) Participate in one training program each week (Free)

Registration fee: \$100.00

Tuitions: \$100.00 Weekly X four weeks

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