



1550 W 28TH Street
 Riviera Beach, FL. 33404
 (Phone) 561-840-0135
 (Fax) 561-840-0143

OFFICE USE ONLY
Date Received: <input style="width: 150px; height: 20px;" type="text"/>

We request a copy of youth's insurance card

STUDENT MEMBERSHIP APPLICATION

ELIGIBILITY REQUIREMENTS & CODE OF CONDUCT: (Both student and parent/legal guardian please read and sign below)

The Youth Empowerment Teen Program serves students without regard to race, color, sex, age, residency, national or ethnic origin, religion, sexual orientation, ancestry, or any other protected status. To qualify for programs and events at The Youth Empowerment Teen Program, students must meet the criteria listed below.

Be in 6th-12th grade (begin summer entering 6th grade through summer after HS graduation) AND be at least 11, but less than 19 years of age.

- Adhere to the code of conduct and respect staff and volunteers at all times.
- Be able to function independently during programs and events AND communicate effectively with adults and other students.
- Not require The Youth Empowerment Teen Program to make fundamental alterations to and/or disrupt the harmony of programs and events.
- Not undermine the safety of staff, volunteers, students, or themselves.

The Youth Empowerment Teen Program reserves the right to deny service at any time based on any of the aforementioned eligibility requirements, or for any other reason, including the actions of the student, parent, or guardian. These eligibility requirements are subject to change without notice, and are permanently posted on our website for review at any time. At the Youth Empowerment we maintain a safe and fun atmosphere for students based on the following Values.

Values

- We believe **Integrity** is the foundation in which all relationships are built
- We believe that **Trust** is reciprocity action you must give trust and behave in a manner in which you can be trusted
- We believe **Respect** is an effort of both parties to understand and be understood
- We believe that **Service** is a process of giving back as others have given unto us
- We believe that **Attitude** is the springboard that will determine our altitude

Does the applicant have an **IEP** (Individualized Education Program) at school? Yes No
 Does the teen have a current or prior involvement with DJJ? Yes No
 Would you like YEP Staff/Director to assist with education/school advocacy? Yes No
 (This would require YEP Staff/Director having access to school grades, attendance & discipline referrals)

PERSONAL INFORMATION **All information will BE KEPT Confidential**

Student's Last Name: _____ Student's First Name: _____
 Student's Home Phone: _____ Student's Date of Birth (Month/Day/Year): _____
 Gender: Male Female Grade in School: 6 7 8 9 10 11 12
 Student's School: _____
 Home Address: _____
 Student/Parent – Legal Guardian's Home Address (including City, State, Zip Code)

Parent/Legal Guardian's Name: _____ Parent/Guardian Cell Phone: _____
 Parent/Guardian Email: _____ Parent/Guardian Home Phone: _____
 Best way to contact Parent: Email Cell Phone Other

EMERGENCY CONTACT (OTHER THAN PARENT): In case of emergency during and parent cannot be contacted

Name

Relationship to Student

Cell Phone

Home Phone

Work Phone

HEALTH CONDITIONS & SPECIAL NEEDS:

It is the responsibility of the student/parent/guardian to disclose all relevant information

(Additional information or physician's clearance may be required)

Please answer yes/no below and provide explanation i.e. medications, etc.

No Health Conditions/Needs ___

ADHD/ADD ___ (Must be Medically Diagnosed) _____

Asthma/Allergies ___ Mild/Moderate/Severe (Require Epi-Pen?) _____

Communicable Diseases ___ (i.e. Hepatitis, HIV, etc.) _____

Diet or Activity Restrictions _____

Medications _____

Seizure Disorder ___ Date of Last Seizure: _____ Seizure Type: _____

Diabetes ___ Type I/Type II _____

Wheelchair User ___

Does the applicant have any diagnosed or undiagnosed special needs in the following areas?

Physical ___ Yes ___ No If yes, please explain: _____

Learning ___ Yes ___ No If yes, please explain: _____

Behavioral ___ Yes ___ No If yes, please explain: _____

AUTHORIZATION OF MEDICAL TREATMENT: Parent/Legal Guardian please read and sign below

I, legal guardian and/or parent of the aforementioned minor, hereby authorize and give my consent that in my absence and non-ability to be reached or be present that the above named minor be admitted to any medical facility for diagnosis and treatment. In the event of emergency I authorize the transportation of my child via ambulance and any/all medical treatment by ambulance/EMS staff. I hereby request and authorize any duly licensed medical staff to perform any/all medically necessary procedures on the above minor. I hereby authorize that in my absence or inability to be reached that the Youth Empowerment Teen Program and/or its representative be granted the authority to make any/all necessary medical decisions (using best judgment and upon advice of such medical/emergency personnel) for my minor child and hereby agree to hold the Riviera Beach Youth Empowerment and/or its personnel i.e. representatives, agents, assigns and/or director's harmless for the resulting consequences of such decisions. I recognize that as a result of medical treatment a cost may be incurred. I hereby recognize and acknowledge any medical payments and/or costs for such medical treatment incurred, including but not limited to deductibles, medical services, prescriptions and co-payments are my (the parent/legal guardian) responsibility. I agree that under no circumstance will I seek any contribution from the Riviera Beach Youth Empowerment Program, their insurer or hold them responsible for any costs as a result of medical expenses occurred for treatment.

PERMISSION TO TRANSPORT: Parent/Legal Guardian please read and sign below

I give permission for my child to be transported as necessary to off-site Youth Empowerment events.

X _____
Parent/Legal Guardian Date

RELEASE AGREEMENT: Both Student and Parent/Legal Guardian please read & sign below

In consideration of participation at the Riviera Beach Youth Empowerment Teen Program (YEP), we, the undersigned parent/legal representative/guardian and student (Releasor Student) (the parent/legal representative/guardian and Releasor Student shall be individually and collectively referred to herein as "Releasors"), hereby agree to indemnify and hold harmless an covenant not to sue YEP/City of Riviera Beach or its employees, agents, successors, assigns, volunteers, officers, and directors (individually and collectively referred to herein as "Releasees") and hereby waive, release and discharge Releasees from any/all claims for loss or damage, death, personal or bodily injury, or property damage which Releasors may have or which hereinafter may accrue to Releasors against Releasees and for any liability arising out of or connected in any way with Releasors' participation with YEP/City of Riviera Beach. Releasors hereby agree to indemnify and hold harmless and release from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from or relating to involvement in any activity at YEP or involvement with the Riviera Beach Youth Empowerment Teen Program, whether caused by any negligent act or omission of the Releasees or otherwise. It is further understood and agreed that this waiver and release has been entered into freely and will be binding upon Releasors and their heirs, successors, and assigns. Releasors expressly agree that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by Florida law and that, if any portion of this agreement is held invalid, void, or unenforceable for any reason, it is agreed that the balance of remainder shall, notwithstanding, continue to be in full legal force and effect. **By signing this document, Releasors agree to allow images of Releasor Student (video, photo, and other digital media) captured during programs/events to be utilized in printed materials, or online.** Releasors agree to waive any rights to compensation or ownership of these images. Releasor Student's name will not be publicized in conjunction with these images, unless an authorized representative of YEP/City receives verbal or written permission. The Riviera Beach Youth Empowerment Teen Program is not liable for images of your child (including Releasor Student) that are "tagged" or posted by other individuals or social media or other websites.

I, as Releasor, acknowledge I have read and agree to the program policies, permissions and Values. By signing below I acknowledge I have read this document (Student Membership Application, including this Release Agreement), agree to same, and understand its contents.

X _____
Student Signature Date

X _____
Parent/Legal Guardian Signature Date