



2011-2012  
Registration Application

Youth V.I.B.E., Inc. Headquarter Office:

5240 Snapfinger Park Dr. Suite # 125  
Decatur, Georgia 30035  
Office: (770) 593-8800  
Fax: (770) 593-8814

[www.youthvibe.org](http://www.youthvibe.org)

**SECTION I: Student(s) Personal Information**

A. Legal Last Name	B. Legal First Name	C. Legal Middle Name
--------------------	---------------------	----------------------

D. Date of Birth (MM/DD/YYYY) ____/____/____	E. Age _____
F. Gender ___Male ___Female ___Other _____	

G. Student Identification Number: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____
---

H. Home Address					
I. P.O. Box/Apt #					
J. City		K. State		L. Zip Code	
M. Home Phone Number					
N. Alternate Phone Number					

**SECTION II: Student(s) School /Academic Information**

A. Grade Level	
----------------	--

B. School Attending	
---------------------	--

C. Is the student an ESOL* student:	____ Yes ____ No * <i>English as a second language</i>
D. Was this student a previous program participant?	____ Yes ____ No
E. Do you have a 504 and/or IEP	____ Yes ____ No
F.	

**SECTION III: Demographic Information**

<b>A. Ethnicity</b>	<input type="checkbox"/> Black, Non Hispanic	<input type="checkbox"/> Hawaiian Native/Pacific Islander
	<input type="checkbox"/> White, Non Hispanic	<input type="checkbox"/> Alaska Native/American Indian
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Other - Specify: _____	
<b>B. Is the student a special needs student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please specify the child's special need(s): _____	

**SECTION IV: Household Information**

<b>A. Participant Lives With:</b>	<input type="checkbox"/> One parent	<input type="checkbox"/> Group Home
	<input type="checkbox"/> Both parents	<input type="checkbox"/> Grandparents
	<input type="checkbox"/> Guardian/Caregiver	<input type="checkbox"/> Other
	<input type="checkbox"/> Foster Home	
	<b>B. How many people are in your household?</b> _____	

**SECTION V: Income Information**

**Is the participating child or child's family:**

<b>A. Eligible for Free and/or Reduced Lunch?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>E. Eligible for Medicaid and/or Peachcare for Kids?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B. Eligible for Temporary Assistance for Needy Families?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>C. Eligible for Food Stamps?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>D. DFCS Referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION VI: Parent/ Guardian Declaratory Statement**

I (print name) \_\_\_\_\_ certify that all the information given in this form is correct and true to the best of my knowledge.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Supplemental Education Information**

**SECTION V: Income Information**

**Is the participating child or child's family:**

<b>A. Eligible for Free and/or Reduced Lunch?</b> ___ Yes    ___ No	<b>E. Eligible for Medicaid and/or Peachcare for Kids?</b> ___ Yes    ___ No
---	--

<b>B. Eligible for Temporary Assistance for Needy Families?</b> ___ Yes    ___ No
---

<b>C. Eligible for Food Stamps?</b> ___ Yes    ___ No
---

<b>D. DFCS Referral?</b> ___ Yes    ___ No
--

**Photo/Video Release Agreement**

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child(ren) by Youth V.I.B.E., Inc.
2. This release gives Youth V.I.B.E., Inc. the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information and education of employees of the Department or the general public.
3. Further, I hereby release Youth V.I.B.E., Inc. and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Photo Description: **Participation in the Youth V.I.B.E. program activities.**

Age: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Photographer or producer or witness:  
\_\_\_\_\_

**Participant Medical Information Form**

(To be maintained on site for each participant)

STUDENT INFORMATION			
Legal Name of Child ( <i>Last, First</i> ):		Date of Birth ( <i>MM/DD/YYYY</i> ):	Age: Sex ( <i>check one</i> ): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:	
P.O. Box/Apt #:	City:	State:	Zip Code:

INSURANCE INFORMATION	
Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance provider (if applicable):

MEDICAL INFORMATION
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:

IN CASE OF EMERGENCY			
Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:

By signing below, I certify that the above information is true to the best of my knowledge. I authorize Youth V.I.B.E., Inc. to contact me if my child is injured and/or harmed in any way. I also authorize Youth V.I.B.E., Inc. to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Afterschool Program, I hereby release, indemnify and hold harmless, and any other program sponsors from all liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Agreement and Release**  
**Parent Authorization for School Activities/Field Trips**

Activities: \_\_\_\_\_

Sponsor: Youth V.I.B.E., Inc.

Destination: Youth V.I.B.E., Inc. Sponsored Field Trips

Transportation is provided by Youth Vibe, Inc. My son/daughter/ward has my permission to be transported by a school authorized bus or other vehicle.

I am the parent or legal guardian of \_\_\_\_\_ who is a participant in the Youth Vibe afterschool program. I enter into this Agreement and Release knowingly and willingly. I recognize that whenever the term Youth Vibe, Inc. is used below, it includes the program employees and agents. I agree to the following:

1. I give permission for my child to participate in the above referenced activity
2. I release and hold Youth Vibe harmless from any injury, loss, or damage resulting from my child's participation in the above referenced activity, including any injury, loss, or damage arising from any act or omission of any, hotel, restaurant, or any other person or entity providing goods or services in connection with the activity, except for acts or omissions that are willful or grossly negligent;
3. I agree to indemnify Youth Vibe for all injury, loss, or damage to the person or property of others caused by my child;
4. I released and hold Youth Vibe harmless from any liability for reasonable decisions or actions as may be taken to protect the health and safety of my child;
5. If in the event of an accident or emergency and I am unavailable to provide consent, I authorize the School to provide health care services to my child, at my expense, as deemed necessary, and I release and hold Youth Vibe harmless form all liability resulting from such health care services;
6. I agree that Youth Vibe shall have the right to enforce appropriate standards of conduct, including but not limited to those described in your schools Student Code of Conduct Handbook, and I authorize Youth Vibe to take disciplinary or other action deemed reasonably necessary to maintain those standards. If I am accompanying Youth Vibe on the activity, I recognize that violation of any such standards of conduct by my child or me may result in Youth Vibe determining that we may no longer participate in the activity. In such event, both my child and I will promptly leave the area and we will not be entitled to any refund or reduction in fees or costs of the trip;
7. As a courtesy to chaperones, I agree to pick up my son/daughter/ward promptly. I understand that to ensure safety for my child, Youth Vibe has the right to require me to pick up my child from nearest police station if I am more than 30 minutes late.

I have read the Agreement and Release thoroughly and agree to be bound to the terms and conditions stated herein:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a student of The Youth Vibe Summer Program, I fully understand my responsibility to act in a manner, which represents Youth Vibe proudly. I understand that my parents or guardian may be notified and I may be sent home if I commit an infraction of Youth Vibe rules.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_