

OFFICE USE ONLY

Date Received:

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Youth Empowerment Program
2129 North Congress Avenue
Riviera Beach, FL. 33404
(561) 904-6120 Office
(561) 268-2321 Fax



STUDENT MEMBERSHIP APPLICATION

Revised 02/22/2022

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

The Youth Empowerment 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 Program, students must meet the criteria listed below.

Be in 5th-12th grade (begin summer entering 6th grade through summer after HS graduation) AND be at least 10, but less than 23 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.
Youth Empowerment 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.

Youth Empowerment 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. 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)

Student School ID#: _____ SIS Gateway Password: _____
Required per County Funding

Parent/Legal Guardian's Name: _____

Parent/Guardian Phone#: _____

Parent Employment Status: F/T ___ P/T ___ Other ___ Unemployed Household Size: _____

Family Income: <\$15K-\$25K \$25K-\$35K \$35-\$45 \$45K-\$55K >\$60

Required per County Funding

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 (To be utilized if parent/guardian cannot be contacted)

Name	Relationship to Student
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cell Phone	Home Phone	Work Phone
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AUTHORIZE PERSON(S) ELIGIBLE TO PICKUP YOUTH:

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.
(all information is held confidential)

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 (list medication, if any) _____

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.

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.



ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATED TO COVID-19

YOUTH EMPOWERMENT PROGRAM

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.

Student Signature/Date

Parent Signature/ Date

I, _____ THE UNDERSIGNED APPLICANT/ PARENT/GUARDIAN (Applicable If Participant is a Minor, under 18 years old) (By signing as Parent and Guardian, I agree as Parent and Guardian, on behalf of the Participant _____, to the entire below Warning, Waiver, Assumption of Risk and Release of Liability.

SHALL PARTICIPATE AND EXERCISE MY PRIVILEGES AND DUTIES DURING:

YOUTH EMPOWERMENT PROGRAM

Name of Event/Activity/Program

The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly through person-to-person contact. As a result, federal, states, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The City of Riviera Beach has put in place preventive measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) or any other participants will not become infected with COVID-19.

I voluntarily agrees to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to, personal injury, disability, and death), illness damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at any City sponsored programming ("Claims").

On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the City of Riviera Beach and the Youth Empowerment Program ("YEP"), and all of their current, former, and future agents, representatives, members, and employees and affiliated entities (collectively "City") of and from Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, volunteers, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program, including and specifically the Youth Empowerment Program.

Signature of Applicant, Parent, Guardian or Authorized Representative of Applicant

Signature of Witness

Date

Date