



Youth Frontliners Application

Demographic Info:

Name:

First

Last

Email:

Phone:

Street Address:

City

State

Zip Code

Date of Birth:

School Currently Attending:

Emergency Contact Name (Parent/Guardian):

Parent/Guardian Email Address:

Parent/Guardian Phone:

****WE ARE AUTHORIZED TO SEND INFORMATION ABOUT GA AND PARTNER ORGANIZATION EVENTS AND INFORMATION VIA EMAIL, TEXT AND/OR PHONE**

Your Gender:

☐

Female

☐

Male

Race:

- ☐ American Indian or Alaskan
- ☐ Asian
- ☐ Black or African American
- ☐ Pacific Islander
- ☐ White
- ☐ Other

Ethnicity:

- ☐ Hispanic
- ☐ Haitian
- ☐ Other

Primary Language at Home:

- ☐ English
- ☐ Spanish
- ☐ Haitian-Creole
- ☐ Other

Have you participated in any other Gang Alternative programs?

- ☐ Yes
☐ No

How were you referred to Youth Frontliners?

- ☐ School reference
☐ Gang Alternative Personnel
☐ Other: _____

About you:

What are some of the most troubling issues/problems that you face as a teenager today?

Why do you want to participate in Youth Frontliners? What do you hope to get out of the experience?

As a participant of Youth Frontliners, you are required to attend programing after school or on Saturday, at least 2 times a month. You will also be able to attend youth summits and field trips as part of leadership development and educational enrichment. Additionally you will have access and opportunity to scholarships, college preparness assistance, and linkage to other services you may need. Do you feel confident in your ability to fully commit to the Youth Frontliners?

- ☐ Yes
☐ No

Parent Consent

The Youth Frontliners was established to give youth the opportunity to develop or enhance their leadership skills in a fun and safe environment. The leadership groups will be held after school or on Saturdays. Transportation home may be provided if needed, the group will also be provided with after school snacks and refreshments. Activities that may take place during meetings may range from assisting youth in services needed, assisting youth with future planning, assistance with scholarship opportunities, leadership development activities, field trips, community service opportunities, and much more.

CONSENT TO PARTICIPATE IN THE YOUTH FRONTLINERS

I have read the above information.

Check one:

- ☐ **I agree** to allow my child to participate in the Youth Frontliners.
☐ **I do not agree** to allow my child to participate in the Youth Frontliners.

Name of Youth (Printed): _____

Name of Parent/Guardian (Printed): _____

Signature of Parent/Guardian: _____

Date: _____

Authorization for photography/video

I, _____, the parent or guardian of

_____ hereby ☐ **consent and authorize** or ☐ **do not consent and authorize**

the staff of Gang Alternative, Inc. to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Parent/Guardian Signature

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards. With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against Gang Alternative, Inc., their staff, service providers, employees, agents, affiliates and Board members.

Transportation Consent

Check Arrival to the site:

- ☐ By bus/van
- ☐ By walking from school
- ☐ With authorized person/relative
person/relative
- ☐ With Parent/Guardian

Check Pick-up from the site:

- ☐ Walk home
- ☐ Take the bus/van
- ☐ Pick-up by authorized
- ☐ Pick up by Parent /Guardian

A child that is usually picked up will not be allowed to walk unless the parent calls the program in advance in reference to the change.

If applicable I give my permission for my child to be transported by Gang Alternative, Inc. provided transportation.

List of people who may pick up your child:

NAME

RELATIONSHIP

It is my responsibility to make sure my child is picked up and/or receives access to our home by either a responsible adult or myself. Should any changes occur, I will notify Gang Alternative, Inc. immediately.

Parent/Guardian Signature

Date

Liability Waiver

In consideration of being allowed to participate in a Gang Alternative, Inc. programs, and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant may be exposed or engaging in activities that involve risk of serious injury and accidents. Accidents can be the results of the nature of the activity and can occur with or without any fault on either part of the youth, or the employees or agents, or the facility where the activity is taking place. By allowing your son(s)/daughters(s) to participate in these activities, you are accepting the risk of accident occurring, and agree that these activities, as described above, are suitable for your child.
2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury.
3. Release waive, discharge and covenant not to sue **Gang Alternative, Inc.**, and any of its affiliated entities or clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leases of premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

WE HAVE READ THE ABOVE WAIVER AND RELEASE UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING VOLUNTARILY.

Parent/Guardian Signature

Date

Printed name of parent or guardian_____