







**Non-Discrimination Policy:**

Children in Elementary, Middle school and High School will be accepted into Gang Alternative, Inc. programs regardless of race, creed, immigration status, health, religion, disability, ethnicity, or ability to pay for services. Children without documented legal status, or whose parents are without documented legal status will not be discriminated against for selection in these programs. As with the Miami-Dade County Public School system, all children are welcome. Children with severe physical, emotional, or behavioral disabilities may find youth excellence programs specially designed to meet their needs through other programs; every effort will be made to find the most suitable placement for each youth.

**Religious Instruction Permission:** (N/A for 21<sup>st</sup> Century participants)

I, \_\_\_\_\_ **give consent** or **do not give consent**  
for my child’s participation in optional religious instruction activities.

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**Parental Consent:** By signing the application below, I agree and certify the following:

- 1) **I acknowledge** that the application information and medical information I have provided above is true and complete to the best of my knowledge and ability.
- 2) **I understand** that participation by my children in any program sponsored by Gang Alternative, Inc., its partners and funders may involve physical education, organized sports, meals, and off-site field trips. As these activities may carry some degree of risk to my child’s physical and emotional health, I hereby release, hold harmless and waive all claims associated with activities from Gang Alternative, Inc., its partners, funders and all employees, officers, directors, agents, and volunteers associated with Gang Alternative, Inc.
- 3) **I agree** to make every effort to insure that my youth participates in the program on all scheduled days, unless he/she is too ill to attend. **I also agree** that I or my designated representative will sign-out my youth every day they attend the program.
- 4) **I agree** to all the program standards.
- 5) **I understand** that the program site may be on the premises of a religious institution for the primary purpose of providing academic enrichment and a safe environment. In some cases, religious instruction may be offered as an option to the children on the premises, but only with written parental permission. Unless express written permission has been given for my youth to participate in religious instruction, an optional non-religious activity will be conducted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_ authorize my youth \_\_\_\_\_ to participate in Gang Alternative's prevention program which includes participating in program evaluation activities as needed in order to learn how to improve services at Gang Alternative. My youth may be asked to fill out surveys or engage in a group discussion along with other children about their experiences in the program. My youth will be identified with an ID number during the group discussion and not with their names to maintain confidentiality. These group discussions may include questions relating to sensitive topics, such as substance use among youth. My youth has the right to refuse participation for these activities at any time. Any youth who experiences discomfort while participating will be encouraged to speak to a Gang Alternative staff member for additional services if needed.

I understand that I may revoke this consent in writing any time before any action is taken by Gang Alternative based on this consent. I further understand that this consent will end when the grant expires.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Authorization for photography/video**

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby 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.

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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Transportation Agreement**

**Arrival to the site:**

**Check all that apply:**

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

**Pick-up from the site:**

**Check all that apply:**

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

(Note: A youth that is usually picked up will not be allowed to walk home unless the parent notifies the program in advance)

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

**transportation.** List of people who may pick up my youth:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

It is my responsibility to make sure my youth 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









