



Gang Alternative, Inc. Participant Information Form Summer 2022

Youth's Last Name: _____, First Name: _____ Middle Initial: _____
Parent/Guardian's Last Name: _____, First Name: _____ Middle Initial: _____
Street Address: _____ City: _____ Zip code: _____
Parent/Guardian Primary Phone:

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 Email: _____

Youth's General Information

Gender: ☐ Male ☐ Female Date of Birth (mo/day/yr): _____
Race: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American
☐ Pacific Islander ☐ White ☐ Other, please specify _____
Ethnicity: ☐ Hispanic or Latino, please specify _____
☐ Black or African American, please specify _____ ☐ Other, please specify _____
Is youth proficient in English? ☐ Yes ☐ No Youth's Country of Origin: _____
Other Language(s) Spoken in the Home: ☐ Spanish ☐ Haitian-Creole ☐ _____ ☒ Other _____
None
Public School ID#: ☐ No School ID
Current Grade: _____ Current School: _____
Does youth have health insurance? (ex., private insurance, KidCare, Medicaid) ☐ Yes ☐ No
If yes, please select one: ☐ Private Insurance ☐ KidCare ☐ Medicaid

I give my permission for this information to be submitted for program monitoring and evaluation purposes.

Parent/Guardian Signature

Date

For Staff Use Only (MUST BE COMPLETED)

PROGRAM _____ SITE LOCATION _____

Additional Information

Please tell us more about your child so we can provide the best possible experience in our programs.

Number of Children Living in the Household (including child participant):

Is the child involved in the dependency system: ☐ Yes ☐ No

What are the main ways your child communicates? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Speaks and is easily understood | <input type="checkbox"/> Uses gestures or expressions like pointing, pulling, smiling, frowning, or blinking |
| <input type="checkbox"/> Speaks but is difficult to understand | <input type="checkbox"/> Uses sign language |
| <input type="checkbox"/> Uses communication devices like pictures or a board | <input type="checkbox"/> Uses sounds that are not words like laughing, crying or grunting |

What, if any, help does your youth receive currently? (Mark all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Behavioral therapy or services | <input type="checkbox"/> Physical therapy (PT) |
| <input type="checkbox"/> Counseling for emotional concerns | <input type="checkbox"/> Special education services in school |
| <input type="checkbox"/> Daily medication (not including vitamins) | <input type="checkbox"/> Speech/language therapy |
| <input type="checkbox"/> Occupational therapy (OT) | <input type="checkbox"/> None of the above |

What conditions does your youth have that are expected to last for a year or more? (Mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Physical disability or impairment |
| <input type="checkbox"/> Developmental delay (only if under age 5) | <input type="checkbox"/> Problems with aggression or temper |
| <input type="checkbox"/> Intellectual/developmental disability (over age 5) | <input type="checkbox"/> Problems with attention and hyperactivity (ADHD) |
| <input type="checkbox"/> Hearing impairment or deaf | <input type="checkbox"/> Problems with depression or anxiety |
| <input type="checkbox"/> Learning disability (school age) | <input type="checkbox"/> Speech or language condition |
| <input type="checkbox"/> Medical condition or illness | <input type="checkbox"/> Visual impairment or blind |
| | <input type="checkbox"/> None of the above |

If you marked "None of the above" on the question above, please skip the next two questions.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do?

Yes ☐ No ☐

To support your youth's successful participation in this program, what areas might they need extra assistance?

- ☐ No specific help needed
- ☐ Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- ☐ Sports or physical activities like running or other gross motor tasks
- ☐ Managing feelings and behavior
- ☐ Academic, learning or reading activities
- ☐ Adapting activities to consider a visual or hearing impairment
- ☐ Using assistive device(s) like a wheelchair, crutches, brace, or walker
- ☐ Personal services like help with feeding, toileting or changing clothes
- ☐ Other _____

Please tell us anything else you think it is important for us to know about your youth:

Medical Information

Does your child have any current conditions, which would limit or deter participation in this program?

☐ Yes ☐ No

If yes, please explain:

Are there any specific, conditions that prohibit your child from participating in activities, such as sporting events, field trips, etc.?

1. Child's allergies, disabilities, medications, or dietary restrictions (Special Instructions), if any:

Emergency Information

Physician's Name: _____

Physician's Phone: _____

Name of Insurance: _____

Group #: _____ Member #: _____

If I cannot be reached, please try to contact my designated alternate(s):

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

I hereby certify that the information provided above, is both true and accurate. I give permission to the staff/personnel of Gang Alternative, Inc. to take my youth to the hospital for treatment (in the event that Rescue/911 determines that the need to transport is unnecessary but medical attention is needed immediately), if I am unable to be reached.

Parent/Guardian Signature

Date

HIPAA Announcement

This HIPAA Notice of Privacy Practices provides information about how Gang Alternative, Inc. may use and disclose protected health information about you. You have the right to review this notice before signing this acknowledgment.

By signing this form, you acknowledge and consent to our use and disclosure of protected health information about you for treatment, payment and health care operations, you have the right to revoke this consent, in writing, except where Gang Alternative, Inc. has already made disclosures in reliance on your prior consent.

Parent/Guardian Signature

Date

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 21st Century participants)

I, _____ **give consent** **or** **do not give consent**
for my child's participation in optional religious instruction activities.

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

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 to or engage 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 the youth, the employees, 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 youth.
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.

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

Parent/Guardian Signature

Date

Printed name of parent or guardian: _____

Client's Rights

As an individual, and as a participant of Gang Alternative, Inc. program, you have rights. We, the professional staff, recognize and respect these rights. Each participant in Gang Alternative, Inc. program is entitled to the following rights;

1. You have the right to appropriate and quality services.
2. You have the right to give informed consent or refuse services.
3. We recognize and respect your dignity as an individual and human being.
4. You have the right to protection of confidentiality of any personal identifiable information without written consent as governed by local, state, and federal regulations, except when there is reasonable concern for child abuse, suicide, homicide, or retaliation.
5. You will not be the subject of experimental or investigative research without prior written and informed consent.
6. We will not release any information about you without written permission from you or your guardian, or a court order.
7. You have the right to actively participate in periodic reviews of an individualized service plan.
8. You have the right to humane treatment free from abuse, neglect, and exploitation.
9. We will encourage and assist you to understand and exercise your right to voice grievances and recommend changes in policies and services to staff.
10. You have the right to receive a copy and a complete explanation of client's rights clear, non-technical terms and a language the client understands.

HOW TO FILE A COMPLAINT IF YOU BELIEVE YOUR RIGHTS HAVE BEEN VIOLATED: If you believe your rights have been violated, please submit your complaint in writing to:

Corporate Compliance Officer
Gang Alternative, Inc.
12000 Biscayne Blvd. Ste. 402
North Miami, FL 33181
(305) 967-4962

You may also file a complaint with the Secretary of the Department of Health and Human Services.
You will not be retaliated against for filing a complaint.

Parent/Guardian Signature

Date

Parent Acknowledgement

I, _____, have also received in writing the disciplinary practices used by this child care facility.

Florida Abuse Hotline Report:

1. By phone 1-800-962-2873 or TDD 1-800-453-5145
By fax 1-800-914-0004
<http://www.dcf.state.fl.us/abuse/report/>
2. Substance Abuse and Mental Health Hotline 305-377-5029
By fax 1-800-914-0004
<https://reportabuse.dcf.state.fl.us>

I also acknowledge that I have received and have read, with complete understanding the parent handbook which explains the expectations, policies and procedures of Gang Alternative, Inc.

Handbook received by: ☐ Paper Copy ☐ Email

Parent/Guardian Signature

Date

Rules of Conduct for participants 6th-12th Grade

1. I will be courteous to and RESPECTFUL of all staff and other youth.
2. I will be a good listener:
 - a. One person speaks at a time. I will raise my hand to speak
 - b. When someone is called on, I will listen.
 - c. When an adult is speaking, I will listen.
3. I will attend and be active in the program.
4. I will dress appropriately.
5. I will keep my hands and objects to myself.
6. I will not bully ANYONE in or outside the program.
7. No name calling, hitting, or non-cooperation and no use of profanity
8. I will not bring any tobacco, alcohol, or medicine to the program.
9. Required medicine must be approved by the Staff.
10. No GANG violence/fighting. NO GUNS or KNIVES.
11. I will be responsible for my own property, (ie. Jewelry, games, cameras and phones)
12. I will stay with staff at all times. I will not leave the site without an adult staff member.
13. I will notify staff IMMEDIATELY of injury, sickness, or personal problem.

I understand that there are some actions that will not be tolerated because they are harmful or against the law.

Therefore, I understand that I can be sent home from the program for:

- Bringing weapons, alcohol, tobacco, or other drugs
- Dangerous actions
- Fighting
- Being unable to obey any of the other Rules of Conduct above

The Program Coordinator will inform my parent or guardian of my dismissal. I will be kept under Gang Alternative, Inc. staff supervision until I can be picked up by or delivered to my parent or guardian.

Name of Youth: _____

Youth's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Gang Alternative Inc. Program Participant Risk and Waiver of Liability Relating to Coronavirus/COVID-19

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 from person-to-person contact.

As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Gang Alternative Inc. (GA) has put in place preventative measures to reduce the spread of COVID-19; however, GA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending GA could increase your risk and your child(ren)'s risk of contracting COVID-19.

1. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending GA facility and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at GA facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GA employees, volunteers, and program participants and their families.

2. I voluntarily agree 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 GA or participation in GA programming.

3. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless GA, its employees, agents, and representatives, of and from any 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 GA, its employees, agents, and representatives, whether a COVID19 infection occurs before, during, or after +participation in any GA program.

Participant Name

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian