

For Office
Use Only:
 CalOMS

YOLO COUNTY FNL PARTNERSHIP



MIDDLE SCHOOL APPLICATION 2016-2017

CHECK ALL PROGRAMS YOU WANT TO BE A PART OF:

FNL MENTEE (FNLM)

CLUB LIVE (CL)

Are you a returning FNLM / CL student?

YES NO

STUDENT INFORMATION (PRINT):

FIRST NAME: _____ LAST NAME: _____

DO YOU HAVE A NICKNAME YOU LIKE TO BE CALLED? _____

BIRTHDAY: ____/____/____ GENDER: FEMALE MALE OTHER: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ STUDENT CELL #: _____

STUDENT E-MAIL _____

PRIMARY LANGUAGE SPOKEN AT HOME: _____

HOW MANY BROTHERS AND/OR SISTERS DO YOU HAVE? ____ BROTHERS ____ SISTERS

WHAT IS YOUR FAVORITE COLOR? _____

ETHNICITY: African American American Indian Asian Caucasian
 Latino/a Mixed Race Other _____

SCHOOL INFORMATION (PRINT):

GRADE: 6th 7th 8^h GRADE POINT AVERAGE: _____ GRAD YEAR: _____

SCHOOL: _____ CAREER GOAL: _____

WHAT DO YOU ENJOY DOING ON YOUR FREE TIME: _____

CLUBS, SPORTS OR ORGANIZATIONS YOU ARE INVOLVED IN (Ex. Soccer, ASB, 4H, Youth Groups, Church): _____

PARENT/GUARDIAN INFORMATION (PRINT):

PARENT/GUARDIAN NAME(S): _____ RELATIONSHIP _____

PARENT/GUARDIAN CELL #: _____ PARENT/GUARDIAN E-MAIL _____

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

TRANSPORTATION:

Do you need a ride home after Club Live and/or FNL Mentoring for the entire year: Yes No

PARENT/GUARDIAN RELEASE FORM 2016-2017

VOLUNTARY RELEASE-ASSUMPTION OF RISK AND INDEMNITY AGREEMENT:

I hereby release, discharge and covenant not to sue, Yolo County Friday Night Live Partnership (YCFNLP), resident county, and/or any other representatives, successors, and assigns, directors, sponsors, the staff, workers, and hosts of the training (herein collectively referred to as "release") from any and all claims and liability arising out of strict liability or ordinary negligence of release harmless and/or indemnify release for any and all claim judgment or expenses releases may incur arising out of my son/daughter's activities and/or participation in YCFNLP events.

I understand that my son/daughter's participation in YCFNLP programs contains certain dangers and risk of injury; that the sessions will be indoors and outdoors, and that there is an inherent danger in playing outdoors which I appreciate and voluntarily assume, because I choose to do so. I further know that other participants may pose a danger to my son/daughter as this may include physical activity. I voluntarily elect to accept all risks connected with my son/daughter's participation YCFNLP programs.

TRANSPORTATION:

I authorize county employees to transport my child to and from YCFNLP sessions and any other YCFNLP events and activities throughout the 2016-2017 school year. I recognize that the school and/or Yolo County is in no way liable. I accept that there are inherent dangers while driving or riding a motor vehicle, and if an accident should occur which injures or causes death to my son/daughter on their way to or from the event, I fully understand the school and/or Yolo County are not liable.

I have read, and will abide by the rules set forth; I agree that this agreement shall apply to incident, injury, and accident occurring at the event and to any incident, injury, accident, or death occurring within a period of one year after the execution of this agreement.

EDUCATION CODE:

It is agreed that my son/daughter will abide by the rules or regulations that put the safety and welfare of the group and himself/herself first. If my child puts himself/herself or others in jeopardy, he/she will be sent home at my expense. If he/she breaks any of the rules or regulations, I give my permission to the sponsor for whatever disciplinary actions are judicious to ensure the safety and welfare of the group.

Student Name (Print)

Student Signature

____/____/____
Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

____/____/____
Date

Relationship to student:

PARENT/GUARDIAN MEDICAL & AUDIO/VISUAL RELEASE 2016-2017

MEDICAL CONSENT:

I hereby give my consent to have my child treated by a physician or surgeon in case of sudden illness or injury while participating in YCFNLP programs. It is understood that Yolo County and its agents, representatives, officers, and any/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the sessions provide no medical insurance for such treatment, and that the cost thereof will be at my expense. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

PLEASE CHECK BOX IF YOU DO NOT CARRY HEALTH INSURANCE

STUDENT'S NAME (Print):	
DOCTOR'S NAME (Print):	
DOCTOR'S TELEPHONE NUMBER:	
MEDICAL INSURANCE COVERAGE:	
MEDICAL GROUP/POLICY NUMBER:	
ALLERGIES/MEDICAL CONDITIONS:	
FOOD ALLERGIES (Ex. peanuts, milk etc):	
DOES YOUR CHILD TAKE ANY MEDICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST MEDICATIONS:

AUDIO/VISUAL CONSENT:

I further grant full permission to Yolo County Friday Night Live Partnership and its directors to use audio/visual recording and/or photographs of Yolo County Friday Night Live Partnership sessions, events and activities with my child in them for promotional purposes without receiving any financial return.

I have read and understand this document. I understand it is a release of all claims. I understand I assume all risk inherent in participation in the Yolo County Friday Night Live Partnership programs. I voluntarily sign my name evidencing my acceptance of the above provisions.

I give permission for my photograph to be taken and be used for Yolo County Friday Night Live Partnership promotional purposes.

		/ /
Student Name (Print)	Student Signature	Date
		/ /

FNL CONTRACT 2016-2017

Student Name (Print): _____

I UNDERSTAND THAT:

The FNL Mentoring Program implements cross-age mentoring approach, matching trained high school youth with middle school students from the feeder schools. The mentors and mentees will meet for supervised activities throughout the school year developing supportive, caring relationships and opportunities for growth in safe environments, thus increasing their resiliency.

I realize there is a commitment from my child to meet after school one day per week for the mentor/mentees activities, participate in the evaluation of the program (youth survey, site interview, etc).

PARENTS: AS PART OF THE YOLO COUNTY FNLM/CL PROGRAM I AGREE TO:

PLEASE INITIAL

- _____ 1. Make certain that my child attends FNL Mentoring sessions once a week for 1 ½ hours.
- _____ 2. Attend any/all parent meetings.
- _____ 3. Let FNL staff know about any concerns that you have about your child's participation.
- _____ 4. Have my child attend Unlock Your Potential Conference as a participant in Feb 2017.
- _____ 5. Have my child be **alcohol, tobacco, drug and violence-free** for the entire duration of this program.
- _____ 6. The understanding that if my child misses 3-5 meetings with unexcused absences, my child will be dropped from the program.
- _____ 7. The understanding that if my child does not attend school or is suspended on a FNLM/CL program day, my child cannot come to FNLM/CL session or meeting.

**Your signature below indicates your agreement with the above.
We look forward to working with you.**

_____/_____/_____
Student Name (Print) Student Signature Date

_____/_____/_____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

T-SHIRT "ADULT" SIZE (Please check one):

SMALL **MEDIUM** **LARGE** **X-LARGE** **2X** **3X**