**ACTIVITY/SPORT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name**: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Osis/School I.D #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_**

**First Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Town**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State**: \_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_\_ **Gender (CIRCLE): M F**

**Parent/Guardian Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**: ( ) \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Grade Year**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Uniform Size (CIRCLE): YS YM YL S M L XL**

**School Phone (optional)**: ( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

**Email address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Insurance (circle one) YES / NO**

**Name of Insurance Carrier**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_

**Policy #:** \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­

**Emergency Contact Full Name**: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Phone:** ( ) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Student Membership Agreement**

**PLEASE READ BEFORE SIGNING**

Foundations For Life INC will provide after school tutoring services to students in small groups, and individually, as needed for students in need of more intensive services. At the beginning of each session, small groups of students will receive assistance with homework assignments. In addition participants will also receive lessons on effective methods for completing homework and use other study skills. Foundations for Youth, is a year-round afterschool and summer program for students in grades K through 8th that provides participants with structured activities focused on building learning skills, developing positive self-esteem, improving academic achievement and promoting positive social development. Foundations For Youth afterschool program operates Monday through Friday from 4pm to 6pm.

**Annual Scholar Application Fee: $50.00 USD FEE IS NON-REFUNDABLE**

**Student Membership Fee: $100.00 USD PER MONTH**

**Payment(s) can be made online via,** [**http://www.gyusa.org/registration**](http://www.gyusa.org/registration)

Statements will be sent to me each month documenting the charges to my account and payments received. If my account reaches a balance of $100.00 in outstanding fees, I will be required to make an immediate payment of at least 75%.

I will be expected to pay an additional late fee of $20 if a payment is not made within 7 days of receiving an outstanding balance notification. Failure to make a payment within 7 days of receiving an invoice will result in suspension of my child from the program. Failure to meet these financial obligations will result in termination of my child from the program and legal action to collect any outstanding balances due.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, fully understand and agree to the terms laid out in this contract and agree to adhere to the stipulations discussed herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME OF PARENT/GUARDIAN:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: DATE SIGNED:**

**Athletic Agreement**

**STUDENTS MUST PROVIDE LATEST REPORT CARD UPON FORM SUBMISSION. PROOF OF AGE IS REQUIRED FOR ALL GRADES (Clear copy of Birth Certificate, State issued I.D or Passport).**

* **BASKETBALL INSTRUCTION FEE – GRADES K-12TH: Free with student membership**
* **FOOTBALL INSTRUCTION FEE – GRADES 4TH-12TH: $300.00 USD + student membership (7v7 tournament and completion venues are priced based on travel location**
* **SOCCER INSTRUCTION FEE – GRADES K-12TH: Free with student membership**
* **TRACK & FIELD FEE – GRADES K-12TH: $200.00 USD per season + student membership (NON – REFUNDABLE FOR 1 YEAR ATHLETIC SEASON)**
* **TACKLE FOOTBALL FEE – GRADES 6TH-8TH: $300.00 USD per season + student membership (NON – REFUNDABLE FOR 1 YEAR ATHLETIC SEASON)**
* **WRESTLING FEE – GRADES 4TH-12TH: Free with student membership.**

**Athletic Fees Includes: Uniform, League Membership, Insurance, Competition Venue entry, Athletic Group or Position Specific Instruction.**

**Athletic Program Fees DO NOT Include – Guaranteed spot on travel team rosters, out of state-non local competitions, tournaments, championships, transportation to scheduled practices and meet venues.**

**Walk in registration is permitted - Please contact our program directors to set up registration/payment. Athletic Team payment can be made in full at registration or in a monthly installment within 4 (four) months of registration. Online payments can be made via www.gyusa.org/registration**

**\*ALL SCHEDULED PRACTICE/COMPETITION VENUE TIMES ARE SUBJECT TO CHANGE\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: DATE SIGNED:**

Parent Consent to Participate in the Evaluation of the

Foundations for Life Academic Enrichment Program

Dear Parent,

Your child, ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is enrolled in the **Foundations For Life Inc.** academic enrichment program.In order to monitor the effectiveness of the program and ensure its future success, FFL will conduct an ongoing evaluation. It is the intention of the evaluation to learn how these services help students and how they can be improved in order to meet the needs of the youth and the community.

Specifically we ask permission from parents to:

* Contact their children’s school and obtain records showing their progress, including information about enrollment, grades, citywide and statewide test scores, and attendance.
* Talk to teachers and school staff about children’s progress and participation in the program, and review program records on participation in the program.
* Survey and/or interview parents and children about the program and its effects.

**Any information we collect will be used only to assess the program and will not be made public. Participating in the evaluation will not affect your child in school, in the program, or in any other way.**  We will not use your name or your child's name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below and return this form to the program coordinator/director.

*Yes, I GIVE PERMISSION FOR MY child to participate. I have read the above information and I give permission for my child to participate in the evaluation of the program. I also consent for FFL to obtain my child's records and to interview program and school staff for evaluation purposes.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date

*NO, I DO NOT WANT MY child to participate. I have read the above information and I* ***DO NOT*** *give permission for my child to participate in the evaluation of the program.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date

***PERMISSION TO PARTICIPATE****; I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that proper protective equipment does not prevent all injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards’ physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all local, regional, national, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.*

***INITIAL****: \_\_\_\_\_\_\_*

***SCHOLASTIC FITNESS;*** *I am of the opinion that my child/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my child/wards last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.*

***INITIAL****: \_\_\_\_\_\_\_*

***EQUIPMENT UNIFORM RESPONSIBILITY:*** *I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.*

***INITIAL:*** *\_\_\_\_\_\_\_*

***CODE OF CONDUCT:*** *The ideology of Youth sports including this program is to Promote Good Understanding and Fundamental Knowledge of the sport. It is also critical that GOOD SPORTSMANSHIP including the ability to ALWAYS conduct oneself in an appropriate manner of positive accord both on and off the field. It is understood that ANY incident considered detrimental to the pursuit of this ideology WILL NOT BE TOLERATED. It will be addressed in accordance with the Statues of the Association, Conference, Current National Affiliation, State and Local Laws and may result in DISMISSAL from the program and the inability to participate in ANY future related activities of the association. This Code of Conduct applies to ALL INVOLVED WITH THE PROGRAM.*

***INITIAL: \_\_\_\_\_\_\_***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME OF PARENT/GUARDIAN:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: DATE SIGNED:**

**Waiver and Release of Liability – Minor**

**READ BEFORE SIGNING**

IN CONSIDERATION OF ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my child/ward, being allowed to participate in Generation Youth of America (GYUSA), Regional/National Championships, my GYUSA Local Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledged, appreciates and agrees that:

1. The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for child/ward, participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for the participation. If however, I observe any unusual significant concern in my child/wards’, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASES”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards’, involvement or participation in these programs, WHETHER ARISING FROM THEIR NEGLEGENCE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child/ward and on behalf of my/our heirs, assigns, personal representatives and nest of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above released from any and all liabilities incident to my child/ward’s involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PRINT NAME OF PARENT/GUARDIAN:***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: DATE SIGNED:**

**IMAGE RELEASE – MINOR**

**READ BEFORE SIGNING**

In consideration of the (insert child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my minor/ward being allowed to participate in anyway, in the Generation Youth of America (GYUSA), sports/athletic activities and any other official GYUSA events and activities, the undersigned agrees that Generation Youth of America is hereby granted the unrestricted and exclusive right and permission, free from approval or review, to copyright and/or use my child’s/wards’ likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME OF PARENT/GUARDIAN:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: DATE SIGNED:**

**MEDICAL CLEARANCE FORM**

**ACTIVITY/SPORT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Clearance Form – Must be dated after January 1st of the Current Season**

I hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically fit and I have found no medical or observable conditions which contra-indicate him/her from participating in any sport or athletic activities. I am therefore clearing this individual for athletic participation.

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SIGNATURE:**  **DATE: / / ,**  **(MUST BE DATED AFTER JANUARY 1ST, OF CURRENT SEASON)** | ***PLEASE PRINT – OR – USE OFFICE STAMP HERE***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***PRINT NAME CLEARLY:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***OFFICE ADDRESS:*** |

**PLEASE NOTE**: if this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify to obtain WRITTEN permission from his/her physician to resume participation. A “Doctors Resume Participation Medical Clearance Form” is available from the league or you may have the doctor supply his/her own WRITTEN clearance as long as it is on the doctor’s official stationary and includes the following statement. ***“(Participants Named Above) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in any sport or athletic activities. I am therefore clearing the individual for athletic participation.”***

This statement must be supplied by the physician attending to the injury, accident, or illness

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.