



2021A Cunningham Drive Suite 5
 Hampton, VA 23666
 (757)827-7787
 (757)827-0063

Date Application Received _____

2011 Dare to Dream Youth Empowerment Program Registration Form

Youth's Name: _____ Age: _____ DOB: __/__/__ Male or Female: _____

Grade: _____ Race: _____ Facebook Name: _____

Organization Name: _____

Address: _____ Home Phone #: _____

Work Phone #: _____ Email address: _____

Youth Cell Phone #: _____ Youth Email Address: _____

Parent/Guardian's Name _____ Cell Phone#: _____

Person(s) authorized to pick up youth: _____

How did you hear about Lighthouse?: _____

What school did your youth attend in 2010-2011? _____ City? _____

What school will your youth attend in 2011-2012? _____ City? _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip: _____

Home Phone #: _____ Work#: _____

List any medical conditions that may limit your youths ability to participate in any activities: _____

Does your youth have any known allergies (medications, food, insect bites, etc)? YES ___ NO ___
 If yes, please explain and list: _____

Is your child currently taking any prescribed medications? YES ___ NO ___
 If yes, list name of medication(s) _____

Has your child had a physical exam within past 12 months? Yes ___ No ___ If yes, by whom: _____

I have read, and agree to the waiver and program rules _____ (Parent/Guardian Initial)



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Lighthouse Outreach Photo Release Statement

Lighthouse Outreach uses photographs of participants for local, state, and national publicity. By my signature below, I acknowledge receipt of this document and give permission for Lighthouse Outreach to use my or my child’s photo for publicity purposes (internet website, publications, displays and presentations or for marketing).

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Waiver of Liability

I, _____, hereby grant permission for my child, _____ to participate in activities sponsored by Lighthouse Outreach, Inc. Moreover, I waive the right for any legal action against Lighthouse Outreach, Inc. for any injuries or damages sustained on Lighthouse property or at any Lighthouse event. I also give my permission for Lighthouse Outreach, Inc. or its subcontracted sites to seek medical attention for my child if I am unable to make that decision.

Signature Printed Name Date

Dare to Dream Youth Empowerment Program Rules

1. Lighthouse Outreach Contractual Staff have the responsibility to enforce program rules. Anyone attending the program may be dismissed at the discretion of the Director.
2. The possession and use of alcoholic beverages, illegal drugs, and tobacco products is strictly prohibited. Any violation will be grounds for immediate dismissal.
3. Gambling and other games involving wagering or betting are strictly prohibited.
4. Appropriate dress will be required at all times during the program session.
5. Obscene language, roughhousing and insubordination will not be tolerated at anytime.
6. Displays of public affection is forbidden.
7. Please do not bring expensive electronics, cell phones, jewelry, etc. to the program, Lighthouse Outreach, Inc., will not be responsible for any items lost or stolen during the program.
8. Respect the individual rights, safety, and property of others.
9. No cell phones during scheduled program time. All emergency calls should be directed to program office.



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Penalties For Infractions

Infraction of these rules must be reported promptly by anyone observing them to the Program Director, who will bear final responsibility for disciplinary action. Penalties may include but are not limited to the following;

- **First** incident will be documented and parents informed.
- **Second** incident constitutes a conference with child, parent, and staff to inform and discuss the problem.
- The **Third** incident is cause for youth's dismissal from the summer program, and if necessary assigning the individual the cost of damages and repairs in the event of damage or destruction of property.



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BAYLOR

U N I V E R S I T Y

Dear Parent or Guardian:

With your permission, your child may participate in a study conducted by a Baylor University professor to assess the effectiveness of programs focusing on teen development. Results will be used to design future programs and as input into Federal funding policies. The study will cover attitudes, behaviors, and values about sexually transmitted diseases, attitudes about premarital sex, drug use, alcohol use, and behaviors, and will take approximately 20 minutes to complete. Please recognize that these surveys have been worded and pre-tested so as to not embarrass any student; however, a teen may withdraw at any time without penalty. In addition, we've developed procedures that will protect your child's privacy when the survey is conducted, such as monitoring space between teens so no one can see another's answers.

In order to make the survey more meaningful to the success of the program, the information obtained from the initial survey will be matched with data collected from subsequent surveys. Please be assured that the information will be anonymous and confidential. Students are not to put their name on the survey and surveys cannot be traced to any student. No information will be given to anyone about any individual student's answers including you as the parent or guardian. The surveys will be destroyed after the data have been entered into the survey data base at Baylor.

Please sign and date the enclosed permission slip reporting your decision regarding your student's participation in this study. Of course, your child will not be penalized if you choose to not participate, nor will there be any special rewards if your child does participate. If you have any questions about the survey or your child's rights as a participant in this study should be directed to me at 254-710-3485. Questions about the classes should be addressed to Lighthouse Outreach, Inc., 757-827-7787.

Sincerely,
J. F. Tanner Jr. Ph.D.
Professor, Baylor University

✂

(Keep top portion for your records)

YES, I authorize my student to participate in the survey conducted by Baylor University **during the 2011-2012 program year**. I understand that he/she will answer a survey and that the responses will be kept confidential.

NO, I DO NOT authorize my student to participate in the survey conducted by Baylor University.

Student's Name (please print)

Student's Signature

Signature of Parent/Guardian

Date

DEPARTMENT OF MARKETING

One Bear Place, #98007 • WACO, TEXAS 76798-8007 • (254) 710-3523 • FAX (254) 710-1068

*Lighthouse Outreach, Inc.*Y. H. Thomas Community Center, Inc.*Little Zion Baptist Church*Compasión LLC*Norfolk Redevelopment and Housing Authority*Family and Child Empowerment Services, Inc.*Outstanding Youth On The Move, Inc.*



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