

Posimoto (PCF) Parent/ Guardian Consent Form

Welcome to **Posimoto- Changing Faces Youth Mentoring Program.**

_____ (*child's first & last name*) has your permission to participate in an exciting mentoring program that matches him and her with volunteer mentors who share his/her interests and will help him/her to become success in school and in life. As part of the application process, we ask you as the parent or guardian to sign the following agreement.

Parents/Guardians Information

Parent Name: _____ (*first & Last*) Parent Phone _____
Address _____ Zip _____ City _____ State _____

EMERGENCY MEDICAL INFORMATION AND RELEASE:

1) In case of emergency, list **two** people to be contacted:

Emergency Contact #1 Emergency Contact #2

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Day Phone: () _____	Day Phone: () _____
Eve Phone: () _____	Eve Phone: () _____
Mobile Phone: () _____	Mobile Phone: () _____

2) Does the child have a medical condition we should be familiar with? YES / NO
If yes, please describe.

3) Does the child require medication? YES / NO
If yes, note provision you have made and any information we must be aware of.

4) Does the child have any dietary restrictions (Allergies)? YES / NO
If yes, please describe.

5) In case medical information is required, your family doctor may have to be contacted:

Family Doctor: _____ Phone Number: _____
Address _____

Posimoto (PCF) Parent Authorization Form

I would like _____ (*child's first & last name*) to be in the **Posimoto- Changing Faces Youth Mentoring Program** and agree to encourage his/her participation and will adhere to the schedule in order for my child to gain something from the program. I understand that if he/she does not adhere to the guidelines of the **Posimoto- Changing Faces Youth Mentoring Program**, he/she may be removed from the program.

I also give _____ (*child's first & last name*) permission to participate in the **Posimoto- Changing Faces Youth Mentoring Program** individual & group activities and will allow their mentors and staff to work with my child.

I give _____ (*child's first & last name*) permission to be transported by **Posimoto- Changing Faces Youth Mentoring Program staff** and its volunteers. I agree to not hold **Posimoto- Changing Faces Youth Mentoring Program staff** or its volunteers liable for any illness, injury, death, or accident, which may occur on these outings as well as while my child, is attending at the location of **Posimoto- Changing Faces Youth Mentoring Program**.

I hereby authorize **Posimoto- Changing Faces Youth Mentoring Program** staff/volunteers to obtain appropriate emergency medical attention for _____ (*child's first & last name*), should attention be required while I am unavailable for contact at the telephone number(s) listed above.

Signature of Parent or Guardian _____
Date _____
Parent/Guardian's Name (PRINT) _____

PHOTOGRAPHS & VIDEOGRAPHY:

I give my permission for _____ (*child's first & last name*) to be used by **Posimoto- Changing Faces Youth Mentoring Program** for the purpose of recruitment or public relations.

Signature of Parent or Guardian _____ Date _____

SCHOOL RELEASE:

I give my permission to _____ (*child's school*) to release the following records: academic and behavioral information as it relates to school performance.

Signature of Parent or Guardian _____ Date _____

Posimoto- Changing Faces Inc. Disclosure

Attending Posimoto- Changing Faces Youth Mentoring Program is a great opportunity for youth and our volunteers and staff work very hard to accommodate our youth and parents. Please note our program strives to help motivate youth to be successful. We cannot assure your child will be receptive to what we teach them and cannot prove there will be change in your child's behavior, but we will try our hardest to help give them the tools needed to be successful. It is imperative you bring your child every Saturday in order for them to really learn the Posimoto values.

Posimoto- Changing Faces Youth Mentoring Program is not a daycare, childcare, or licensed childcare provider. Posimoto- Changing Faces Youth Mentoring Program is a 501(c) 3, tax exempt, nonprofit organization, and is also a separate entity from Posimoto Afterschool (Posimoto Inc.) and with your child attendance in our Posimoto- Changing Faces Youth Mentoring Program, Posimoto Afterschool (Posimoto Inc.) will not and cannot be liable for anything or anyone that pertains to the Posimoto- Changing Faces Youth Mentoring programs. Your child does not have to be enrolled in Posimoto Afterschool in order to be enrolled in Posimoto- Changing Faces Youth Mentoring Program.

Posimoto- Changing Faces Inc. gives an equal opportunity, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. We are committed to a policy of equal opportunity for all persons and do not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expressions, disability, religion, height, weights, or veteran status in employment, educational programs and activities, and admissions.

Lunch and snacks are not provided and parents should make sure their child has a prepared lunch while attending programs each Saturday and on fieldtrips, unless noted otherwise.

Posimoto- Changing Faces is not responsible for any of your and your child's valuables that are lost, stolen, or damaged and will not be held liable. Please leave any valuables at home. Thank you.

Parent or Guardian Signature _____ **Date** _____

Parent Name (Print) _____

Relationship to Applicant _____

**POSIMOTO (PCF) SPORTS PROGRAM PARTICIPANT INFORMATION
WAIVER, RELEASE & HOLD HARMLESS AGREEMENT**

Completion of the form is required by ALL Posimoto (PCF) sports members and guests prior to participation in the organizations activities. This form must be completed annually, and one form is required for each location where participation is desired. It is required that all participants carry insurance to cover injuries or accidents which may occur while participating in Posimoto sports activities.

I, _____ (Print Parent or Guardian or Volunteer 18 & up Name), the undersigned, affirm that my child _____ (Child first and last name, or yourself as a volunteer) is voluntarily participating in the sports mentoring program at Posimoto- Changing Faces Inc. Participants in the Posimoto- Changing Faces Sports Program should be aware of the possible risks that are inherent in the nature of some activities. The risks include but are not limited to, the potential for accidents or illness while traveling to and from events, as well as participating in the various sports activities which include the risk of bodily injury or death and damage or destruction of property. Every attempt is made to minimize the existing risks through the use of proper sports equipment, safe facilities which are under Posimoto- Changing Faces control, and sound safety practices. However, participants should realize that these risks cannot be eliminated completely. If participants meet minimum physical and mental conditioning and follow safety procedures, the potential for accidents may be reduced. Posimoto- Changing Faces strongly recommends that each sports program member have an annual physical examination and personal medical and accident insurance.

Whereas, the undersigned, who is at least 18 years of age, or a student, faculty/staff, spouse or guest of Posimoto- Changing Faces, voluntarily desires to participate in the above mentioned activity and Whereas, the undersigned is duly aware of the risks and hazards which may arise through participation in said activity, therefore, the undersigned hereby voluntarily assumes all risks of accident or personal damage to his/her person or property including serious bodily injury or death, and hereby releases Posimoto- Changing Faces, its agent or employees, or otherwise from any and all liability, even if due to the negligence of Posimoto – Changing Faces and/or its agents,

officers and employees. This release shall be binding upon any heirs, administrators, executors and assignees of the undersigned; and, the undersigned by signing this release hereby certified that the undersigned has read and duly understands the conditions herein provided.

Executed this on _____ (Todays Date)

I, _____ (Parent or Volunteer 18 & up Signature) agree to the terms and conditions of The Posimoto Sports Program waiver.

Parent or Volunteer listed here Driver's License# _____

Your Gift

Your gift of donations play a huge part in our programs, otherwise we may not be able to provide the services we have available for our kids. There are so many youth with no positive role model and who lack support of motivation of what it take to be successful in life. With your T-shirt Purchases or donations or donations like games, cloths, or supplies, it will help with youth supplies, field trips, gas expenditures, volunteer stipends, and overhead expenses. Our staff at this time is 100% volunteers.

T-shirts \$12.00

- Small
- Medium
- Large

Paid on what date ___/___/___

Received on what date ___/___/___ (STAFF WILL FILL OUT)

Amount you would like to donate this Spring or Summer Today:

Check one:

What we are giving you for your gift

- \$10 We thank you tremendously for your gift
- \$25 T-shirt_____ (size)
- \$50 T-shirt_____ (size) & Gift bag
- \$100 2 T-shirts_____ (sizes), Special Gift bag
- \$200 2 T-shirts_____ (sizes), 2 Special Gift bags

- Date of donation paid in full ___/___/___
- Dates of donations made, if not paying all at one time:
___/___/___, ___/___/___, ___/___/___

Paid with:

- Check (make out to Posimoto- Changing Faces Inc.)
- Money order
- Visa
- MasterCard
- Discover
-

Making a donation is optional: You will receive your gift from us at the time of purchase or no later than 3 weeks from the time you gave your gift (Sometimes shirts may take up to 3 weeks to get in after ordering, if so, you will be notified & also notified when to pick up).

Thank you for your generous contribution and helping us to achieve our mission in helping youth to be successful in life.

Parent Survey

1. What is your child's race?
 - A. Black
 - B. White
 - C. Hispanic
 - D. Other
2. Does your child live in Temple Terrace?
 - A. Yes
 - B. No
3. During the past 12 months, how many times was your child in a physical fight?
 - A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. More than 3 times
4. Does your child have behavioral problems?
 - A. Agree
 - B. Strongly Agree
 - C. Disagree
 - D. Strongly Disagree
5. What is your working schedule?
 - A. Mornings
 - B. Afternoon & evenings
 - C. Over night
 - D. Don't work
6. Do you work:
 - A. Weekdays & weekends
 - B. Weekdays
 - C. Weekends
 - D. Don't work
7. Does your child attend an afterschool program?
 - A. Afterschool
 - B. Has baby sitter
 - C. Goes Home, no program
 - D. School activities after school on campus
8. How would you rate your child's ability to read and understand from 1-5, 5 being perfect?
 - A. 1
 - B. 2
 - C. 3
 - D. 4
 - E. 5
9. What does your child struggle with when reading?
 - A. Grammar
 - B. Understanding what they read (comprehension)
 - C. Sounding out word
 - D. All of the above
10. Do you know if your child has ever smoked or used illegal drugs?
 - A. Yes
 - B. Unsure
 - C. Never
 - D. No
11. Has your child ever attended any other mentoring programs
 - A. Yes
 - B. No
 - C. Unsure

12. Has your child engaged in sexual acts?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
13. Does your child have a mentor in their lives beside anyone in the house hold?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
13. Do you believe your child is innocent?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
14. How long do you engage into personal conversations with your child daily about school, life, and real life situations?
- A. 10 min
 - B. 30 min
 - C. Never thought about it
 - D. Don't have time
15. Does your child have a parent (father or mother) not a part of his or her life?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
16. Has your child ever used a weapon?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
17. Does your child listen to you when you tell them to do something?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
18. Does your child share personal things with you?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
19. Do you care to see your child succeed?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never
20. Do you vow to bring your child every Saturday to make sure they learn the values needed to be successful?
- A. Yes
 - B. Unsure
 - C. No
 - D. Never

