



WE PROVIDE FREE TRANSPORTATION TO AND FROM THE CLUBHOUSE!

## YOUTH PREVENTION CLUBHOUSE

### OUR GOALS:

- Improve attitudes and behavior
- Increase college enrollment and higher educational aspirations
- foster positive relationships with teachers, parents and peers
- encourage life skills
- provide opportunities for technological education community involvement

### WHAT WE OFFER:

-FREE Clubhouse Activities: arts & craft, science and technology lab, games, musical instrument lessons, robotics, fashion design, sports, scouting, wood shop, field trips and more!

#### In addition to:

- Individual mentoring sessions
- Family activities
- Community service projects
- Career development& guest speakers
- Educational leadership field trip opportunities

### WHO IS ELIGIBLE?

Children **AGES 12-17** who are not currently using or have a history of using or abusing alcohol and/ or drugs and have no history of substance use or abuse diagnosis and **meet ONE of the following criteria:**

- Involved in ongoing detention and /or alternative school involvement in the past year
- Have parent(s) have current addiction issues or have been treated for addiction
- Are experiencing education or social issues that would make them at high risk for substance abuse issues
- have siblings currently receiving treatment for substance use

**WE PROVIDE FREE  
TRANSPORTATION TO AND FROM  
THE CLUBHOUSE!**

**LIMITED SPACES  
AVAILABLE!  
APPLY TODAY!!**

# FREE!!!

## Youth Clubhouse Program!

Hours:

Summer: 12pm-5pm

Afterschool: 4pm-7pm

SPONSERED BY:

**100  
BLACK  
MEN**  
of West Georgia, Inc.



### CONTACT US TO APPLY:

Phone: 706-812-1007

601 Union Street

LaGrange, Georgia 30240

Web: [www.100.bmwga.org](http://www.100.bmwga.org)

Email: [ohbmwg@yahoo.com](mailto:ohbmwg@yahoo.com)

### STAY UPDATED!!

Check out what exciting activities are going on this week at the clubhouse!

Facebook: @youthclubhouse100bmw



# 100 BLACK MEN OF WEST GEORGIA, INC.

601 Union Street  
P.O. Box 3106 ~ LaGrange, GA 30241  
Phone (706) 812-1007 ~ Email: ohbmwg@yahoo.com

## CONSENT FORM

To Parent/Guardian:

I \_\_\_\_\_ being the parent/ legal guardian of \_\_\_\_\_  
(Print parent name) (Print child's name)

agree for my child to participate in the "100" Prevention Clubhouse Program located at 601 Union Street, LaGrange, Ga. held **Monday - Friday (4:00pm to 7:00pm) and Saturday (11:00 a.m. to 2:00 p.m. as scheduled)** and for my child to be transported to and from the program by the "100" transportation provider and to be photographed for project use.

I give permission for the 100 Black Men to collect my child report card and disciplinary reports during the school year.

The curriculums (**Too Good for Drugs and Violence**) covers ten components: Goal Setting, Decision Making, Managing Emotions, Bonding and Relationships, Communication, Conflict Resolution, Drug Awareness, and Community Involvement. The **Activities That Teach** series will be used to utilize skill development.

Participants selected for the prevention program will be administered the GAIN Short Screener instrument to determined enrollment requirements. I also understand that the GAIN Short Screener may be provided to school councils for additional referral.

Participants who attend the program on a regular basis (Monday – Saturday) and maintain good behavior will be eligible to attend field trip outings. Participants will also view videocassettes on substance use prevention.

The 100 Black Men of West Georgia, Inc. agrees not to release any confidential records/information to any unauthorized person or agency without the written consent of the parent/guardian.

I have read and fully understand the above program description and operation. My signature indicates my consent for my child's participation in the program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

If you have any further question, please contact The 100 Black Men of West GA, Inc.  
Thank you for your cooperation.

Cc: Parent/Guardian  
File

**The "100" Prevention Clubhouse Program  
Participant Information Form**

Participant

Name \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Sex: ☐ Male ☐ Female

School Attending \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

**Parent or Guardian Information**

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Identify the Origin that applies to the youth:**

☐ Hispanic or Latino ☐ Not- Hispanic or Latino

**Identify the Racial Category of the youth:**

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American

☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Multi-Racial (more than one race)

☐ Other \_\_\_\_\_

**Please indicate below if any of the following applies to you or your child/youth.**

• Is the youth involved in ongoing detention? ☐ Yes ☐ No

• Has the youth attended alternative school within the past year? ☐ Yes ☐ No

• Do the parent(s) have current addiction issues or been in treatment for addiction? ☐ Yes ☐ No

• Is the youth experiencing education and/or social issues that would make them at high risk for substance abuse issues? ☐ Yes ☐ No

If yes explain: \_\_\_\_\_

• Does the youth have siblings who use drugs and/or alcohol? ☐ Yes ☐ No

• Does the youth have siblings who are currently receiving treatment for a substance use disorder?  
☐ Yes ☐ No

**The "100" Prevention Clubhouse Program  
Participant Information Form**

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**Medical Information**

**Allergies** to food/ medications: \_\_\_\_\_

**Medications** currently being taken: \_\_\_\_\_

Any obvious or hidden **medical conditions**: \_\_\_\_\_

Any **physical restrictions/special needs**: \_\_\_\_\_

Primary Care Physician's name and phone number: \_\_\_\_\_

**In case of Emergency, please contact: (must list 2 individuals)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Who does the youth live with? ☐ Parent ☐ Guardian ☐ Grandparent ☐ Other

**I give the following people permission to pick up my child:**

\_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_  
Name Relationship to child



**The "100" Prevention Clubhouse Program  
Program Rules and Regulations**

Participants in programs sponsored by the 100 Black Men of West Georgia, Inc. abide by the following rules and regulations:

1. Everyone is respected.
2. We refer to one another by our given name.
3. Adults are referred to by Mr., Ms., Mrs.
4. We actively participate in program activities; we do more than just get by.
5. We discuss problems and concerns with adults and leave it to them to solve them.
6. We do not take matters into our own hands.
7. Attend program on a daily basis.

The following offenses will result in disciplinary action and possible suspension from all program sponsored by the 100 Black Men of West Georgia, Inc.

1. Attempting to cause physical harm to others.
2. Damaging property.
3. Purposely trashing property.
4. Significant attempt to escalate peers. (to anger, fight, riot, etc.)
5. Verbal abuse toward staff or peers.
6. Profanity.
7. Chronic absenteeism or tardiness. (maximum three per month)
8. Verbal interference from participant when verbal intervention is being conducted by staff with another participant.
9. A pattern of significant disruption to educational sessions.
10. A pattern of dishonest and deceitful behaviors.
11. Possession of drugs or drug related devices.
12. Possession of weapons or contrabands.
13. Horse playing.
14. Inappropriate touching.

Major offenses will be evaluated by the appropriate directors and program staff.

I, \_\_\_\_\_, agree to abide by the rules set forth by the  
**(Participant Name)**

100 Black Men of West Georgia, Inc. I also understand the offenses listed above and understand that committing any of these offenses may result in me being suspended from the program that I attend.

I \_\_\_\_\_ have read the program rules and discussed  
**(Parent Signature)**  
them with my child.

\_\_\_\_\_  
Date