



CANVA STORIES

CNVFILM F400



W.I.N.

WORKING TO IMPROVE NEIGHBORHOODS

YOUTH PROGRAM

APPLICATION

for boys and girls ages 6-17

Tuesday & Thursday Weekly

5:30PM-8:30PM

Please register with Dr. Eva Hardrick at (904)660-2157 or email address ehardrick@comcast.net the office is located at 4736 Ave B. Jacksonville, FL 32209 (Education Building)

You can also register at the Resource Center at (904)800-3894 located at 4990 Ave B. Jacksonville, FL 32209



Participant's Application

Name: _____

Address: _____

City, State, and Zip Code: _____

Parent/Guardian's Name: _____

Child's Telephone: _____ Parent's Telephone: _____

School: _____ Grade: _____

School Address: _____

City, State, and Zip Code: _____

Reference Information:

Name of a relative not residing with you: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Have you ever been a member of any other recreation or athletic organization? Yes _____ No _____

If yes, please list the organization _____

Do you drink or use drugs? Yes _____ No _____

If yes, are you willing to receive counseling services for this problem? _____

Are you willing to abide by the W.I.N. Youth Program guidelines? Yes _____ No _____

Explain briefly why you would like to be a part of the W.I.N. Youth Program _____

Signature of participant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

Child Assessment Form

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____

1. Does your child have any known allergies? Yes _____ No _____

If yes, please specify _____

2. Does your child suffer from any chronic illness? Yes _____ No _____

If yes, please specify _____

3. Does your child have any delays (speech, learning, etc.) we should be aware of?

Yes _____ No _____ If yes, please specify _____

4. What upsets or frightens your child? _____

5. What does your child find soothing or comfortable? _____

6. Does your child communicate his/her needs? Yes _____ No _____

7. Are there any special words your child uses that might not really be recognized?

Yes _____ No _____ If yes, please specify _____

8. How do you tell your child to stop a behavior that you don't approve of or that might be dangerous? _____

9. When your child gets upset, what helps him/her calm down? _____

10. What is a good way to distract your child when he/she is having a temper tantrum? _____

11. Please share with us any specific areas of concern that you have for your child (behavioral, academic, progress/grades, socialization skills, etc.) _____

12. Please provide any additional information about your child that would be helpful to the staff _____

I acknowledge that all of the information indicated on this child assessment form is complete and accurate to the best of my knowledge.

Parent/Guardian Signature _____

Date _____



Parent's Information:

Name: _____

Address: _____

City, State, and Zip Code: _____

Email: _____ Parent's Telephone: _____

Program Availability:

Names of children living in the home: _____

Name of other people living in the home: _____

Days and Hours of availability: _____

Education and Experience:

High school: _____

Address: _____

City, State, and Zip Code: _____

Graduation Date: _____

College/University: _____

Employment History:

Name of Employer: _____

Address: _____

City, State, and Zip Code: _____

Telephone Number: _____

Position and Duties: _____

In case of an emergency, please notify (name): _____

Telephone Number: _____

Signature: _____ **Date:** _____

Program Rules and Regulations

Covenant

Mission:

Through organized recreational activities in a safe and supervised environment, consistent exposure to values, and opportunities for self-improvement. W.I.N. Youth Program will stimulate and nurture Jacksonville's underserved youth and young adults through conflict resolution.

Vision:

W.I.N. Youth Program will use organized recreational activities such as basketball, volleyball, and other activities as a tool to create positive social change that leads Jacksonville's underserved youth and young adults toward responsible citizenship. Participants will learn to value self-control, self-discipline, accepting responsibility for one's actions, and conflict resolution skills in discussion groups within a classroom setting. Our workshops, mandatory for W.I.N. Youth Program participants, will provide information to help overcome the issues presented by their environment. For those who wish additional help, we will provide counseling/counseling referrals. We believe that by offering opportunities to participate in organized recreational activities, we can reach at-risk youth and young adults. Having reached them, we can help them become good and productive citizens. Our efforts will help Jacksonville be a better community for all.

Guiding Principles:

W.I.N. Youth Program is organized under the Northside Community Involvement, Inc.(NCI), a faith based 501-C3 organization. This program uses the campus of Northside Church of Christ.

1. We believe in faith-based principles.
2. We believe that there is an answer to solving all the problems facing the youth in our community and the world today.
3. We believe that all life lessons can be taught based on faith-based principles.
4. We believe that positive interactions create positive lives.
5. We believe that every young person can be a productive citizen if given the right opportunities and tools.
6. We believe that love suffers long and is kind, bears all things, hopes all things, and believes all things.

General Rules

1. All participants must be between 6 and 17 years old.
2. All participants will be required to complete a participation application.
3. All participants must sign a covenant agreeing to abide by all of the rules and regulations.
4. Unauthorized guests will not be allowed in the facility.
5. Profanity is not tolerated.
6. No smoking, drugs, drug paraphernalia, and alcohol are permitted.
7. No weapons such as guns, knives, sharp objects, etc. are permitted.
8. Fighting is prohibited and will result in counseling, suspension, and/or disqualification from the program.
9. A dismissed participant must leave the gym and facility immediately.
10. Each team must practice at least once a week.
11. Transportation for participants can be provided if arrangements are made with the manager.
12. All participants will be required to submit their report card every 9 weeks.

I acknowledge that I have read and understand the above policies and procedures in their entirety and agree to abide by them.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



(NAME) _____

(DATE) _____

I (above name) hereby represent that I will participate in the W.I.N. Youth Program and all related events. I further warrant that to the best of my knowledge and belief that I am physically and mentally able to participate in the program. I also represent that there is no medical evidence, which would preclude me from participating in any event or program. In participating, I am specifically granting my permission (both during and after) to the Northside Community Involvement, Inc. and to use my likeness, name, voice, or words in either television, radio, film, newspaper/newsletter, magazines and other media and in any form, for the purpose of advertising or communicating the purpose and activities of W.I.N. Youth and the recreational activities for applying for funds to support those purpose and activities.

If a medical emergency should arise during my participation in any event, at any time I hereby authorize the Northside Community Involvement, Inc. to take necessary measures to ensure I am provided with emergency medical treatment, including hospitalization, which the organization deem advisable in order to protect the participant's health and well-being.

Waiver and release of claims and rights to sue Northside Community Involvement, Inc. and host facilities (Northside Church of Christ) are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, or damage to person or property during the course of the W.I.N. Youth Program events. I hereby covenant on my own behalf not to file a claim or bring suit with respect to any such injury or damage.

I have read and fully understand the provision of the above release.

Signature of Participant _____

Signature of Parent/Guardian _____