| ANNISTON POLICE YOUTH EXPLORER AND SERVICE PROGRAM (yES) ENROLLMENT | | | | | | | |
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| student Information | | | | | | | |
| **Student Name:** | | | | | | | |
| Date of Birth: Age: | | | Home Phone: ( ) | | | Cell Phone: ( ) | |
| Address: | | | | | | | |
| City: | | | State: | | | ZIP Code: | |
| Primary Language(s) Used in Home: ENGLISH SPANISH OTHER: | | | | | | | |
| school Information | | | | | | | |
| **School Name:** | | | | City: | | | |
| Counselor: | | Counselor Contact: | | | | | Grade: 6 7 8 9 10 11 12 |
| parents / legal guardian(s) | | | | | | | |
| **1. Name:** | | | | Email: | | | |
| Address: (SAME AS STUDENT? YES / NO ) | | | | | | Phone: ( ) | |
| City: | | | State: | | | ZIP Code: | |
| Relationship: | | | | | Preferred Language: ENGLISH SPANISH OTHER: | | |
| **2. Name:** | | | | Email: | | | |
| Address: (SAME AS STUDENT? YES / NO ) | | | | | | Phone: ( ) | |
| City: | | | State: | | | ZIP Code: | |
| Relationship: | | | | | Preferred Language: ENGLISH SPANISH OTHER: | | |
| emergency contact | | | | | | | |
| **Name:** | | | | Email: | | | |
| Address: (SAME AS STUDENT? YES / NO ) | | | | | | Phone: ( ) | |
| City: | | | State: | | | ZIP Code: | |
| Relationship: | | | | | | | |
| health / medical | | | | | | | |
| Primary Care Physician: | | | | | | Phone: ( ) | |
| Insurance Company / Health Group: | | | | | | | |
| Medications? YES / NO | Medication Type: | | | | | | |
| Reason: | | | | | | | |
| Please list any allergies or physical, emotional, or medical concerns that your child has: | | | | | | | |

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| MEdical authorization | | |
| These forms are to ensure that your child is protected at all times while participating in the Anniston Police Department’s Youth Explorer and Service (YES) Program. You will be contacted by an Anniston Police Department Officer or YES staff member in the event of any emergency. Please ensure this packet is properly completed and inform us immediately if any of the contact information changes.  I hereby authorize the Anniston Police Department and YES to carry out whatever measures are deemed necessary in the event of an emergency, including securing, at the expense of myself, appropriate medical treatment for my child. I hereby release the City of Anniston, APD and agents of the YES from any and all liability or claims arising out of my child’s participation in YES. | | |
| *Parent / Guardian INITIAL:* | *Student INITIAL:* |
| release of liability | | |
| I understand that participation in any group setting may have some unavoidable risk involved. Except for those injuries or damages arising from the sole negligence of APD officers or YES agents, I agree to indemnify and hold APD, YES, and the City of Anniston harmless from any injury my child may sustain or may cause to others.  I hereby authorize the exchange of information between The Anniston Police Department, YES program officials and volunteers, and my child’s school regarding pertinent information pertaining to my child. This authorization shall remain for one year from the date of signature unless revoked in writing by the pupil or the pupil's parent, guardian or conservator.  I understand that I and/or my child may need transportation to/from group meetings or special events. APD and YES may partner with various community and governmental organizations for transportation needs. In the event I and/or my child require(s) transportation, I give my permission to the APD and the City of Anniston to provide transportation for me and my child: | | |
| *Parent / Guardian INITIAL:* | *Student INITIAL:* |
| consent for group services | | |
| The YES is a community partnership coordinated by the Anniston Police Department and endorsed by the City of Anniston.  The goal of this program is to generate a sense of belonging, support, acceptance, and assistance while introducing students to careers in law enforcement. It is specifically geared toward students age 16 and older who are interested in the field of law enforcement as a career path.    In addition to teaching life skills and character development, APD officers and/or guest speakers will be presenting a variety of material, some of which could be considered graphic (stories of violence, prison experiences, drug abuse, etc). Guest speakers and/or officers may discuss their personal life stories which could include faith-based principles and experiences. If you have any questions or concerns regarding the material or topic of a group session, please contact YES by email at blloyd@annistonal.gov or by telephone at 256-240-4050. | | |
| *Parent / Guardian INITIAL:* | *Student INITIAL:* |
| Photo / Video waiver | | |
| I grant permission to APD/YES and its representatives to photograph me and/or my minor children. I hereby consent to and permit photographs of me and/or my minor children to be used by the YES for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I release the APD/YES from any claim for damages of any kind arising out of the use of publication of photographs of me and/or those of my minor children. | | |
| *Parent / Guardian INITIAL:* | *Student INITIAL:* |

**I acknowledge and represent that I have read this document and understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children.**

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*Parent / Guardian SIGNATURE Date*

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*Student SIGNATURE Date*

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| GROUP RULES / EXPECTATIONS |
| 1. **I will attend** YES meetings and mandatory events. Unexcused absences will not be tolerated.   *Parent Initial \_\_\_\_\_\_\_\_\_ Student Initial \_\_\_\_\_\_\_\_\_*   1. **I will arrive on time** and **participate** fully in YES meetings.   *Parent Initial \_\_\_\_\_\_\_\_\_ Student Initial \_\_\_\_\_\_\_\_\_*   1. **I will not use cell phones** or other **electronics** during YES meetings. **Headphones/earbuds** are not to be visible. 2. **I will not bring any** **weapons** to YES meetings or events.   *Parent Initial \_\_\_\_\_\_\_\_\_ Student Initial \_\_\_\_\_\_\_\_\_*   1. **I will honor the** **confidentiality** of everyone in the program. What is said in group stays in group. However, all instructors are mandated reporters and are required to break confidentiality in these three instances: suspected child abuse, suspected elder abuse, and immediate danger to self or others.   *Parent Initial \_\_\_\_\_\_\_\_\_ Student Initial \_\_\_\_\_\_\_\_\_*   1. **I will** respect other cadets and RESPECT staff members. Rude or disrespectful talk will not be tolerated.   *Parent Initial \_\_\_\_\_\_\_\_\_ Student Initial \_\_\_\_\_\_\_\_\_*   1. **I will respond to communication** (phone calls, text messages, etc.) outside of group. |

**I acknowledge and represent that I have read the group rules and expectations. Failure to comply with group rules could result in dismissal from the Youth Explorer and Service Program. The commission of criminal acts could result in arrest and prosecution.**

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*Parent / Guardian SIGNATURE Date*

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