

Youth Academy Location: _____



Sheriff's Youth Foundation Youth Academy Application Form

Student's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Address/City/Zip: _____

School: _____ Grade: _____ Teacher: _____

Mother or Guardian: _____ Cell Phone: (____) _____

Home Address: _____ Home Phone: (____) _____

Place of Employment: _____ Work Phone: (____) _____

Work Address: _____

Email: _____

Father or Guardian: _____ Cell Phone: (____) _____

Home Address: _____ Home Phone: (____) _____

Place of Employment: _____ Work Phone: (____) _____

Work Address: _____

Email: _____

Emergency Contact: _____ Phone: (____) _____ Relationship: _____

The following individuals have unrestricted permission to pick up and sign out the above child from the L.A. Sheriff's Department's Youth Activities League (YAL) without any further confirmation from a parent or guardian.

Name: _____ Phone: (____) _____ Relationship: _____

Name: _____ Phone: (____) _____ Relationship: _____

I allow my child to participate in the L.A. Sheriff's Department's Youth Activities League (YAL) and hereby release the County of Los Angeles, its officers and employees from liability or responsibility for any injury my child might sustain while participating in any YAL activity.

Parent or Guardian signature: _____ Date: _____



SHERIFF'S YOUTH FOUNDATION YOUTH ACADEMY ENROLLMENT FORM

Name of Student: _____

School: _____ Grade: _____

Teacher(s): _____

Referred By: _____

Parent/Guardian: _____

Parent/Guardian Name(s) and Contact Number(s):

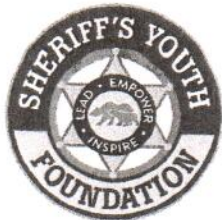
Student's Academic Needs: _____

Student's Problematic Behavior/Emotional Areas:

Student's Level of Need for the Program:

Moderate High Critical

Additional: _____



Sheriff's Youth Activity League Liability Release and Medical Consent Form

Students Name: _____ Age: _____ DOB: _____ Sex: _____

Address/City/Zip: _____

Parent or Guardian: _____ Phone: _____

Name of School: _____ Grade: _____ Teacher: _____

I, the undersigned, hereby give permission for the above named minor in my custody to participate in the Sheriff's Youth Activity League and its programs and here by waive, release, and discharge any and all claims or rights for damages in any personal injury and or property damage that may result from the minor's participation of a YAL program. This release is intended to discharge in advance the employees and officials of the Los Angeles County Sheriff's Youth Activity League against any and all liability arising out of or connected in any way with the minor's participation in the activity.

I further understand that injuries occasionally occur during the activity and participants in the activity occasionally sustain personal injuries and or property damage, as a consequence thereof. Knowing the risk of the activities, nevertheless, on behalf of the minor, I hereby agree to assume those risk and to release and hold harmless all the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, my heirs or assigns for damages.

I further understand and agree that this waiver, release and assumption of risk are to be binding on my heirs and assigns. I agree to accept and abide by the rules and regulations of the Sheriff's Youth Activity League and to ensure that my child also abides by the rules and regulations of the program.

Signature of parent or guardian

Date

CONSENT FOR TREATMENT OF MINOR

In the event of sudden illness, accident, or injury which may occur while the above named minor is engaged in the activity supervised by the Sheriff's Youth Activity League and its representatives, employees, agents or assignees, when neither the minor's parent(s), guardian(s) or designated family medical provider can be contacted. I hereby give my consent for emergency treatment as necessary under the circumstances by any medical provider licensed under the laws of the State of California.

Signature of parent or guardian

Date

Family Medical Provider: _____ Phone: _____

Minor's medical number: _____ Doctor: _____

Medical Information: _____ Allergies: _____

Alternate Emergency contact: _____ Phone: _____



SHERIFF'S YOUTH FOUNDATION PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The undersigned hereby authorizes _____ (school) to release copies of the official student records relating to progress report cards, semester report cards, and school attendance to the Los Angeles County Sheriff's Department and its Sheriff's Youth Foundation. Concerning:

(Full Legal Name of Student)

(Date of Birth)

From 20 ____ to 20 ____

The reason for this request is to enable the Sheriff's Youth Foundation and the Youth Activities League to capture grade and attendance data related to the above student to support his school-based educational learning with an afterschool tutoring and learning assistance center operated by the Sheriff's Youth Foundation.

My relationship to the child is: _____

Copies of the records to be released are to be furnished to:

the undersigned

the student

other (please specify): _____

Signature of Parent/Guardian

Date

Address

City, State, Zip

Phone Number:



SHERIFF'S YOUTH FOUNDATION

MEDIA RELEASE

I hereby grant and release to The Sheriff's Youth Foundation, its subsidiaries and agents (a) the right to film, videotape and photograph me and/or record my voice and other sound effects in connection with the any Sheriff's Youth Program and any derivation thereof; (b) all rights of every nature whatsoever in and to all films, videotape, photographs and recording produced hereunder (collectively referred to herein as the "Material") including without limitation all copyrights therein and renewals and extensions thereof, and the exclusive right to reproduce, exhibit, distribute and otherwise exploit the Material in whole or in part in perpetuity throughout the universe in any and all languages and in any and all media, whether now known or hereafter devised, including without limitation in and in connection with the Program and advertising and other exploitation thereof . In this respect, I agree that you may edit, alter, dub or otherwise change the Material for any such purposes; and (c) the right to use my first name and likeness, in addition to use of such name and likeness in and as part of the Program, in connection with the exercise of any of the rights referred to in subpart (b) above.

I hereby release you from, and covenant not to sue you for, any claim or cause of action, whether known or unknown, for libel, slander, invasion of right of privacy, or personality, or any other claim or cause of action, based upon or relating to the exercise of any of the rights referred to herein. I grant such rights to you with knowledge that you will rely thereon at substantial cost. I hereby acknowledge that you have no obligation to use the material. This release will inure to the benefit of and will be binding upon our respective affiliates, successors, licensees, assigns, heirs and representatives.

By signing below, I acknowledge my consent to the terms of this agreement.

I have read the foregoing release and I hereby give my express consent to the execution thereof and I will not revoke my consent.

Name of Participant

YAL or Program

Signature of Participant (parent or guardian, if under 18)

Date

Address

City/Zip

Contact Phone Number

Date of Birth (If Minor)

MEDICAL STATEMENT FOR ALLERGIES



1. YOUTH ACADEMY Name		2. Site Telephone Number	
3. Name of Participant		4. Age or Date of Birth	
5. Name of Parent or Guardian		6. Telephone Number	
7. Check One: <input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form. <input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or nurse practitioner must sign this form.			
8. Disability or medical condition requiring a special meal or accommodation:			
9. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:			
10. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>			
11. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and suggested substitutions. you may attach a sheet with additional information as needed)</i>			
A. Foods To Be Omitted		B. Suggested Substitutions	
12. Signature of Preparer*	13. Printed Name	14. Telephone Number	15. Date
16. Signature of Medical Authority*	17. Printed Name	18. Telephone Number	19. Date

* Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, and 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339, or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.