



PO Box 331394

Corpus Christi, TX, 78463

(361) 946-6016

(361) 793-9691

Youth Application

Name _____ Social Security No. _____

Street _____ City _____ State _____ Zip _____

Phone Number: _____ Birthdate: _____ Age: _____ Sex: M F

Education Information

Current or last school attended: _____ Are you currently enrolled?: Yes No

Are you Currently employed?: Yes No Employer Name: _____

Can we call you at your place of employment? If yes, phone # _____

Parent or Guardian Information

Mother _____ Father _____

Day Ph : _____ Evening Ph: _____ Day Ph : _____ Evening: _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Please indicate ethnic origin. Responding is optional. Please circle the one that best describes you: Native American Hispanic African American Caucasian Asian other

Can you swim? _____ If yes: _____ Beginner _____ Intermediate _____ Competitive

I agree to abide by the rules, policies guidelines of Youth Odyssey. I give permission for Youth Odyssey and or its Grantors to use my name and/or picture in any materials and/or press releases. Please list alternative people to the mother and father listed above who have your permission to pick up the youth after a Youth Odyssey activity.

Name- Please Print

Name- Please Print

Signature of Applicant

Date

Signature of Parent or Guardian

Date

**Prevention and Early Intervention
Registration Form
Community Youth Development (CYD) Program**

Authorization for Service

I have been provided information on the referenced DFPS Prevention and Early Intervention Program and wish for my child/family to receive services. I understand that data on my youth/family will be collected, maintained and entered into a secure database. The information will be utilized to track services, for evaluation purposes and to ensure quality services are being provided. I hereby authorize my youth/family to participate in the program.

Signature _____

Date _____

Printed Name of Parent or Guardian _____

Target Child's Name _____

REGISTRATION DETAIL and CONTRACTOR INFORMATION

<input type="checkbox"/> Initial Registration* ____ \ ____ \ ____ MM DD YYYY	<input type="checkbox"/> Change/Update ____ \ ____ \ ____ MM DD YYYY	<input type="checkbox"/> Inactive Date ____ \ ____ \ ____ MM DD YYYY
Name of Person Completing the Form		Name of Person Data Entering the Form into the PEIS Database
Family Registration ID Number (PEIS database will generate this number)		Date Form was Entered Into the PEIS Database ____ \ ____ \ ____ MM DD YYYY

TARGET CHILD INFORMATION

First Name*	Middle Name	Last Name*	Suffix <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> JR <input type="checkbox"/> SR
Social Security Number ____ - ____ - ____		Date of Birth* ____ \ ____ \ ____ MM DD YYYY	
Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		Does the Target Child have a Disability?* <input type="checkbox"/> Yes <input type="checkbox"/> None/Unknown	
Race (Check all that apply.)* <input type="checkbox"/> AM Indian/AK Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Black <input type="checkbox"/> White		Ethnicity* <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to Determine	Annual Family Income over \$63,000?* <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School Participant Attends*		Type of School Attended <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School	<input type="checkbox"/> Junior High School <input type="checkbox"/> Senior High School <input type="checkbox"/> Other
Education Level of Child (Check the current or highest grade completed.)* <input type="checkbox"/> Pre-K/Kinder <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Did Not Graduate <input type="checkbox"/> Graduate H.S./GED <input type="checkbox"/> Unknown			Marital Status <input type="checkbox"/> Child N/A <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Unknown <input type="checkbox"/> Widowed
County of Residence*		Does the Target Child Live in a Colonia? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, print the name of the Colonia: _____	
Address Type <input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
Home Address Details* _____ (Street) ____ \ ____ \ ____ (City) (State) (Zip)			
Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		Phone Number* (____) _____ - _____	Primary E-mail Address



CITY OF CORPUS CHRISTI –PARKS AND RECREATION DEPARTMENT
78415 COMMUNITY YOUTH DEVELOPMENT
PHOTO RELEASE FORM FY2011



As a participant in the Community Youth Development program, we would like to take pictures of shining examples of youth leaders to show the community all the great work these youth are engaging in. In order to do this, we need your consent.

Pictures may be used in making a presentation of the events youth participated in, for our news bulletins, our CYD Teen Summit web page and for purposes of seeking future funding to keep these types of events available for young leaders! Since your child is a participant in the local CYD Project, we would like your permission to use any pictures in which your child appears. (Youth participants are never identified by full name in such presentations and their situations, which are disguised to protect confidentiality, and are never linked to the pictures.) To give your permission for use of your child’s picture, please sign the permission form below.

I authorize the City of Corpus Christi, Texas (“City”) and its agents or employees to take photographs, video, and other media (“photographs”) for promotional purposes of every description, including but not limited to, publications, brochures, newsletters, and magazines, and to use the photographs on display boards, and on television, and to use the photographs in electronic versions of the same publications or on City web sites or other electronic forms or media, and to offer them for use for distribution in other non-City publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the City and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on web sites, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reducing or producing the finished product, its publication or distribution.

As parent/guardian of _____, I grant my permission for the City of Corpus Christi staff to use my child’s photo in a presentation designed for publicity purposes for the City of Corpus Christi and the CYD Program and understand that any picture taken or used belongs to the City of Corpus Christi.

Youth’s Signature

Date

Parent or Guardian’s Signature

Date

RELEASE, ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT

For in and consideration of participation on a **CLIMBING WALL, CHALLENGE GAMES, ROPES COURSES AND A ADVENTURE WILDERNESS TRIPS** to _____ on _____. Participant/Guardian hereby recognize/s that participation is voluntary. I understand that Youth Odyssey, Inc. could not offer this type of activity unless it took steps to protect itself and those associated with Youth Odyssey, Inc. from liability, and that is the purpose of this form. Participant/Guardian expressly agree/s and understand/s that Youth Odyssey, Inc., project members and all landowners shall not be liable in any way whatsoever for any injury, damage, loss, accident, delay, death, substitution or irregularity with respect to persons or property occasioned by any cause whatsoever arising out of or in connection with the activities.

I recognize that participation in the ROPES CHALLENGE COURSE activities include walking on cables, pine boards, telephone poles and uneven ground and supporting other participants body weight as a function of maintaining safe participation. I understand the ADVENTURE WILDERNESS trip will include vigorous exercise in which there are inherent risks. These risks FOR BOTH THE ROPES COURSE AND THE ADVENTURE WILDERNESS TRIP include by way of illustration: the risk of sprains, broken bones, cuts or strains from hikes, animal confrontations, motor vehicle accidents, getting lost, or even death, as well as other risks not listed. I understand that I must pay for participant’s medical and/or evacuation expenses should either be needed whether or not authorized by me.

For the same consideration and without conflict with the foregoing, Participant/Guardian hereby release/s and discharge/s Youth Odyssey, Inc., and all landowners, their officers, employees, agents and their heirs, successors and assigns, both in their official and individual capacities, jointly and severally, from any actions, causes of action, claims demands, costs and expenses on account of or in any way growing out of any and all loss of personal property as the result of any accident, delay or irregularity which may be caused neither in whole or in part by any defect in any vehicle, airplane, vessel, or negligent operation thereof or through any act omission or default of any company or person, or by reason of the condition or use of any real or personal property while Participant is en route to or from or participating in the activity or occasioned by it.

If nonetheless I/we shall seek to pursue and dispute with Youth Odyssey, Inc. it will be submitted to mediation. If the claim cannot be resolved by mediation the claim shall be submitted to binding arbitration which will take place in Corpus Christi, Texas and shall be governed by the laws of Texas and rules of the American Arbitration Association.

Participant/Guardian further promises to bind himself/herself and all heirs, administrators and executors to indemnify and forever hold harmless Youth Odyssey, Inc., and all landowners, their officers, and employees against loss, damage, or expense to Participant that may at any time be made or brought against any and all of said parties because of any accident or occurrence while Participant is en route to or from or participating in any activity related to the trip or occasioned by it. Participant/Guardian acknowledges the right of the Director to terminate the Participant’s relationship with the trip at anytime and for whatever reason.

I, the parent/guardian of the participant whose signature appears below give my consent for emergency medical and/or surgical treatment in a licensed hospital/clinic by a licensed physician should the condition require it in my absence. I understand that in such a case, reasonable attempts would be made first to contact me by Youth Odyssey, Inc. staff with time and conditions permitting. I further agree that I will be responsible for the entire cost of the same. I also understand and agree to all statements herein.

In the event that you (or the minor for whom you are signing below) have experienced or are experiencing any **condition, disability**, or illness that you, **to any extent**, know, believe, suspect, or contemplate may, **in any way whatsoever**, impair your (or the minor’s) or others’ ability to participate in any Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events, or to **perform any task or act required or ordinarily occurring** during any Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events. **IMMEDIATELY NOTIFY** the person or persons directing or responsible for the Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events of such condition, disability, or illness.

Please complete persons to notify in the event of a medical emergency. PLEASE PRINT. MUST BE COMPLETE FOR YOUR CHILD TO PARTICIPATE IN ANY YOUTH ODYSSEY ACTIVITIES.

1.Name/relationship/ph.# _____

2.Name/relationship/ph.# _____

Date
Parent signature

Date
Youth signature

Outdoor Education and Leadership School
CORPUS CHRISTI, TEXAS
ROPES CHALLENGE COURSE
Agreement to Participate and Release of Liability

I recognize that participation in the Ropes Challenge Course activities requires physical well-being and mental alertness. I understand that I will be walking on cables, pine boards, telephone poles, and uneven climbing walls, ground and supporting other participants' body weight as a function of maintaining safe participation. The ropes course facilitator never coerces participants to attempt an exercise.

I recognize that participating in the Ropes Challenge Course involves risk of injury. I understand the dangers and risks of participation include, but not limited to bruises, abrasions, sprains, dislocations, broken bones, and/or more serious injury or impairment to internal organs, the muscular skeletal system, spinal cord, and brain. These risk are due to the possibility of falling during activity.

Because of the dangers of participating in the Ropes Challenge Course, I recognize the importance of following the facilitator's directives regarding safety rules, safety procedures, and appropriate individual conduct and physical fitness prerequisites for participation and agree to obey such directives.

I acknowledge that I have read and/or have been fully and completely advised of the dangers and risks of participation in the Ropes Challenge Course and the importance of the following instructions regarding participation and hereby assume all risks inherent in participation and connection with these activities.

I, agreeing to participate, do hereby fully and forever release, indemnify, and hold harmless Outdoor Education and Leadership School, and all of its facilitators, it's directors, agents and employees from any and all claims of every kind that I may have for any Ropes Challenge Course activity.

In the event I should be injured or become ill and unable to for any reason consent to medical treatment, I hereby authorize the Ropes Challenge Course facilitator(s) to secure necessary emergency medical and/or dental treatment. I further agree that I will be responsible for the entire cost of the same.

Participant's Signature

Date

Participant's Printed Name

Parent's Signature (If under 18)

PERSON TO NOTIFY IN EVENT OF EMERGENCY

Printed Name

Phone Number

Physician to be contacted

Physician's Phone Number

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____

YOUTH ODYSSEY Medical Release and Health History Questionnaire

Although the activities we participate in are relatively safe for most apparently healthy individuals, the reaction of the cardiovascular system to increased levels of physical activity cannot always be totally predicted. Consequently, there is a small but real risk of certain changes occurring during physical activities. Some of these changes may include abnormal blood pressure, irregular heart rhythm, fainting, and in rare instances, a heart attack or cardiac arrest. **Therefore, it is imperative that you provide honest answers to this questionnaire.** Physical activity may be contraindicated under some of the indications listed below. Others may simply require special consideration. Be sure to promptly report to Youth Odyssey, Inc. staff any exercise related abnormalities that you may experience during any physical participation.

Please answer YES or NO to the following questions:

Have you ever had or do you now have any of the following heart or heart-related conditions:

- | | | |
|---|--|--|
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Chest pain at rest or during physical activity | <input type="checkbox"/> Uneven/Irregular Heartbeats |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> Any other heart problem that makes physical activity unsafe | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Rheumatic Heart Disease | <input type="checkbox"/> Angina |
| <input type="checkbox"/> Stroke | | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | | |

Please explain any questions that were answered YES:

Do you suffer from any of the following conditions?

- | | | |
|--|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Any Allergies, FOOD, BEES etc. | <input type="checkbox"/> Any other physical disabilities that could interfere with safe participation in physical activities |
| <input type="checkbox"/> Any joint, bone or muscle problems | <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Chronic Low Back Pain | |
| <input type="checkbox"/> Any respiratory diseases, i.e. Asthma | <input type="checkbox"/> Mononucleosis | |
| | <input type="checkbox"/> Do you smoke? | |

Please explain any questions that were answered YES:

Please list any medications that you are taking and indicate the reason(s) for taking:

FIRST AID KIT

- | | |
|--|--|
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Epinephrine Injector (Allergic Reactions) |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Iodine Swabs |
| <input type="checkbox"/> Bactine | <input type="checkbox"/> Burn Cream |
| <input type="checkbox"/> Poison Oak and Ivy Cleanser | <input type="checkbox"/> Antibiotic Ointment |
| <input type="checkbox"/> Poison Absorbent | <input type="checkbox"/> Suntan Lotion with SPF |
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Burn Cream/Lotion/Gel |
| <input type="checkbox"/> Benadryl | |

Youth Odyssey Staff must be informed if the said youth has any allergies or physical or emotional maladies prior to partaking in an activity. I, (Parent/Guardian) _____ understand that the aforementioned medications are the only ointments or tablets which Youth Odyssey carries in their first aid kit. I, (Parent/Guardian) _____ give Youth Odyssey permission to administer any and all of the above-mentioned medications if and when necessary.

I, the Parent/Guardian of (participant) _____ give my consent for emergency medical and/or surgical treatments for (participant) _____ in a licensed hospital/clinic by a licensed physician should the condition require it in my absence. I understand that in such case, reasonable attempts would first be made to contact me by Youth Odyssey, Inc. Staff with time and conditions permitting.

Name of Doctor: _____ Phone: _____

Medical Insurance Co: _____ Policy No: _____

Signature of Participant (Youth)

Signature of Youth Odyssey Staff

Signature of Parent/Guardian

Date

YOUTH ODYSSEY – ADVENTURE WILDERNESS TRIP SURVEY

The purpose of the survey is to assist in the evaluation of the effectiveness of Youth Odyssey programming. Your answers are very important to us.

___ Male ___ Female ___ 12 to 14 years of age ___ 15 to 17 years of age _____ Youth Name

	1	2	3	4	5
I usually listen to what others have to say .	___	___	___	___	___
I can express my emotions and needs through talking with others.	___	___	___	___	___
It is important to listen to others.	___	___	___	___	___
Communication skills are _____ important in life.	___	___	___	___	___
	1	2	3	4	5
I find myself the leader of a group...	___	___	___	___	___
I can accept help from others.	___	___	___	___	___
I help others whether I like them or not .	___	___	___	___	___
Good leaders make decisions without talking to the group.	___	___	___	___	___
	1	2	3	4	5
I can use problem-solving skills to help me in life.	___	___	___	___	___
Can problem-solving be a group effort?	___	___	___	___	___
I ask the group to help me when I have a problem.	___	___	___	___	___
I ignore problem in my life.	___	___	___	___	___
	1	2	3	4	5
What people at school think of me is important.	___	___	___	___	___
I believe I can reach my goals.	___	___	___	___	___
I think that I am a good person.	___	___	___	___	___
I am self-confidence.	___	___	___	___	___
	1	2	3	4	5
Teamwork is work done by people each doing a part to help the group.	___	___	___	___	___
I can solve problems better by myself .	___	___	___	___	___
Learning to work in a group is important in life.	___	___	___	___	___
I good at being a team member.	___	___	___	___	___

1 2 3 4 5

I only depend on myself.

— — — — —

Trust is important in a group.

— — — — —

You must trust the leader of a group.

— — — — —

I show people that they can trust me .

— — — — —

I am scared of trusting people I do not know.

— — — — —

My best qualities are...

The problems in school that I am having are...

Is there anything else you would like us to know?