



Why did you choose to come or send your child? **(Please explain)**

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What do you hope or hoe your child will gain personally from this program? **(Please explain)**

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**Parent(s) and/or Guardian(s) Information Form**

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**Medical/Emergency Information**

Name of Emergency Contact Person: \_\_\_\_\_

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

Relationship to the Participant: \_\_\_\_\_

**Parent agreement:**

By signing this form, I give my child permission to participate in the Promise Project and I understand that I am responsible for transporting my child to and from the program at the designated times. I also am aware that if my child disruptive or under the influence of any mood-altering substance, he/she will not be allowed to attend that group session.

**Signature of Parent(s) and/or Guardian(s):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical History**

The information we ask you to provide is for medical emergencies ONLY. We will keep this information confidential; however, if your child becomes ill or injured during any The Promise Project events, we will share this information with emergency medical staff/personnel.

Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you have health insurance? Yes / No

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In the event of a medical emergency, how would you like us to proceed?

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### **Medications**

Is your child taking any prescription medications? Please circle Yes or No  
If yes, please list medications taken and dosage amount:

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Please list any side effect(s) \_\_\_\_\_

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### **Other Allergies and/or Dietary Needs**

Does your child have allergies? Please circle Yes or No. If yes, please list below.  
Allergic Reactions: \_\_\_\_\_

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Does your child require a special diet? Please circle Yes or No. If yes, please specify below:

Specific Dietary Needs: \_\_\_\_\_

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The information provided above is complete and accurate to my knowledge. I agree to notify the Promise Project should there be any changes in the information that I have provided. I authorize the Promise Project to release this information to medical staff/personnel in cases of an emergency.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **RESPONSIBILITIES / EXPECTATIONS**

### **Participants are responsible for:**

- Committing to attend for the required duration of the program.
- Actively participating in all activities, classes, workshops, and seminars.
- Knowing and adhering to The Promise Project Rules, Standards, and Expectations.

### **The CHOICE Program Tobacco-Free Environment**

**Under the Minnesota Clean Indoor Air Act**, smoking has been prohibited in public places, except in designated smoking areas and for a few other exceptions, since it was enacted in 1975. Effective October 1, 2007, smoking will be prohibited in all indoor public places and indoor places of employment, per the **Freedom to Breathe** provisions of the Minnesota Clean Indoor Act; the use of tobacco products will be prohibited at any of our sites or during any activities.

### **The Promise Project program dress code-to Include remotely**

Shirts/tops must always be worn while participants are in the program areas. Attire must not display obscene, profane, lewd, illegal, or offensive images or words. Dress must be in good taste and appropriate for the occasion or setting.

**No Sagging pants, short skirts, shorts above thigh level, halter tops, spaghetti strap tops, etc.**

**Items *not* allowed**

1. Weapons of any type.
2. Drugs (other than prescribed medications) turned into staff upon arrival.
3. Electronic devices of any type during groups or activities (cell phones should be turned off).
4. Participants will not come to group under the influence of any mood-altering substance

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE AND AUTHORIZATION TO USE CHILD IMAGE**

I consent to allow Wellspring Second Chance Center -The Promise Project program to photograph/video me and/or my minor child(ren) listed below during his/her participation in the group sessions and or events. The program may produce publications and/or promotional materials which may involve the use of my and/or my minor child (ren)'s likenesses. Such publications will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by the program and will not be sold to other entities and/or agencies. Such materials may be copied, copyrighted, edited, and distributed by the Wellspring Second Chance Center.

I understand that my and/or my child(ren)'s likeness/image may be used in the manner described above and grant the Wellspring Second Chance Center the right to use and reuse, in any manner at all, the still photograph productions and/or publications as described above. I hereby forever release and discharge the Wellspring Second Chance Center from all claims, actions and demands arising out of or in connection with the use of said still photographs and videos including without limitation, all claims for invasion of privacy and libel. This release shall insure to the benefits of the assigns, licensees, and legal representatives of the Wellspring Second Chance Center.

**I represent that I have read the foregoing and fully and completely understand the contents hereof.**

Printed Name of Participant \_\_\_\_\_

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_