

FOR OFFICE USE ONLY: County _____

City _____

Youth Leadership Movement

"Creating Knowledge and Directing Change"

CDC of Tampa
1907 E. Hillsborough Avenue
Tampa, Florida 33610



Personal

Enrollment Date: _____

Name:	
Date of Birth and Age:	
Street Address:	
City ST ZIP Code:	
Cell/Home Phone:	
Student E-Mail Address:	
Student #:	

Education

Please Check One:	Middle School <input type="checkbox"/>	High School <input type="checkbox"/>
Current Grade:		
Expected Graduation Date:		
Name of School/College:		
Employer's Name (if working):		
Please Check One:	Part-time <input type="checkbox"/>	Full-time <input type="checkbox"/>

Income

Free Lunch Eligible:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
# of Parent/Guardians in Household:		
Parent/Guardian Name:		
Parent/Guardian Address (if different from above):		
Parent Phone Number:		

Parent E-Mail Address:	
Head of Household:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity:	Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/>
Race:	Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan & White <input type="checkbox"/> American Indian/Alaskan & Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/>

Family Commitment and Signatures

On this (date) _____, we agree as a family to the following:

Initial Each Box

I hereby consent to staff members of CDC of Tampa's Youth Leadership Movement visiting my child on school property. This consent includes written and oral communication. This consent also includes acquiring copies of any academic report to assist youth in school performance. This signed consent will remain in effect for the duration of enrollment in the CDC of Tampa Youth Program.	
Parent/Guardian: I (we) understand that by enrolling my (our) child in the Youth Leadership Movement Program, I (we) agree to support my (our) child by: <ul style="list-style-type: none"> • Encouraging active participation • Promoting educational achievement • Attending at least 1 Parent Networking Workshop (Please Circle Workshop Areas of Interest for Parents: Homeownership, Financial Education, Job Training, Credit Scoring/Restoring, Computer Training, Education Services (GED), Entrepreneurship) 	

I attest that the information provided in this document is, to the best of my knowledge, true.

Parent/Guardian Signature

PERMISSION FOR ENROLLMENT AND LIABILITY RELEASE

I, _____ (print guardian's name) give my child,
_____ (print youth's name) permission to participate in the
CDC OF TAMPA YOUTH LEADERSHIP MOVEMENT PROGRAM. I understand that even when every
reasonable precaution is taken, accidents can sometimes still happen. I understand and expressly
acknowledge that I release the CDC of Tampa, as well as all other partners and their staff members, from all
liability for any injury loss or damage connected in any way whatsoever to participate in the YLM Program
activities, whether on or off the program and partner premises. I understand that this release includes any
claims based on negligence, action or inaction of the YLM Program and partners, their staff, and guests. I have
read and am voluntarily agreeing to and signing this authorization and release.

I HAVE READ THIS FORM AND GRANT PERMISSION FOR MY CHILD _____ TO
PARTICIPATE IN ALL ACTIVITIES PROVIDED BY THE YLM PROGRAM, CDC OF TAMPA, AND ITS
PARTNERS.

PARENT SIGNATURE _____ YOUTH SIGNATURE _____

CONSENT TO RELEASE AND EXCHANGE INFORMATION

I, _____ (print youth's name), hereby consent to your releasing
and disclosing to the CDC OF TAMPA, information pertaining to my educational status at your university or
vocational institution.

I understand that as a necessary part of participation in the CDC of Tampa programs, partners involved may
request access to records pertaining to the youth listed below. Therefore, I give permission to the CDC of
Tampa to release, disclose, and/or exchange information about _____
(print youth's name) with all partners and networking agencies in providing services to this youth. This consent
includes both written and oral communication.

This signed consent form will remain in effect for the duration of the youth's participation in the CDC of Tampa
youth program.

YOUTH SIGNATURE _____

PHOTO RELEASE

I, _____ (print guardian's name) do hereby give CDC of Tampa, the irrevocable right to use my child's name (or any fictional name), picture, portrait, or photograph in all forms and in all manners, without any restriction to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive any rights to inspect or approve the photograph(s), including written copy that may be created and appear in connection therewith. I agree that the photographer owns the copyright to these photographs and I hereby waive any claims I may have based on any usage of the photographs or works derived there from, including but not limited to claims for either invasion of privacy or libel. I am of full age and competent to sign this release. I agree that this release shall be binding on me, my heirs, and assigns. I have read this release and am fully aware of any right/claims that I am waiving. I am the parent or guardian of the minor named below and have the legal authority to execute the above release. I approved the foregoing and waive any rights in the premises.

PARENT SIGNATURE _____ YOUTH SIGNATURE _____

REQUEST AND AUTHORIZATION FOR RELEASE OF RECORDS

I authorize the School District of Hillsborough County or _____ to release the following listed records of _____ (print youth's name) to the CDC of Tampa for the purpose of educational planning for the above named student.

Type of records to be release:

- Academic
- Standardized Test Data
- Other (Please specify)

I have given my consent freely, voluntarily, and without coercion, after sufficient explanation of the subject matter involved. This consent is subject to revocation at any time except to the extent that the program/individual, which is to make the disclosure, has already taken action in reliance upon it. This consent shall be valid for a period of one year after the date signed.

PARENT SIGNATURE _____ YOUTH SIGNATURE _____

MEDICAL RELEASE

Medical Information:

My Child has or is taking the following:

Allergies: _____

Medication: _____

Any other information: _____

Please list any special needs your child will require (if any):

In Case of an Emergency:

If my child, _____ (print youth's name), should become ill or injured during a CDC of Tampa activity, I understand that CDC of Tampa will contact me immediately or contact the person I have designed below if I cannot be reached. Should the CDC of Tampa be unable to reach me or the person I designated, I give permission and/or authorize to contact my child's physician or arrange for immediate emergency treatment necessary to ensure my child's health and safety.

Physician's Name: _____

Physician's Address & Telephone: _____

Insurance Company & Policy Number: _____

I have read and am voluntarily agreeing to and signing the authorization and release forms enclosed in this application.

Youth Printed Name & Date of Birth: _____

Youth Signature & Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

YOUTH/FAMILY ELIGIBILITY FORM

Household Income: _____ Household Size _____

Is a female head of household? (Circle one) Yes No

List household members (name, age and for people over age 13, income earned during the past 12 months.

Ex: John Smith, 33, \$30.00, Mary Smith, 32 \$23,000, Larry Smith, 19, \$0 or no income, Bobby Smith, 13,

Tonya Smith, 10)

Annual (gross) income (total of all household members listed above): \$ _____

Parent/Guardian Certification of Income

I/we certify that this information is complete and accurate and there is no additional household annual income that is not indicated above. I/we agree to provide, upon request, documentation on all household income sources to CDC of Tampa, Inc., City of Tampa (a funder of this public service youth program through a HUD Community Development Block Grant) or HUD (Housing and Urban Development).

Parent/Guardian Signature & Date: _____

TO BE COMPLETED BY PROGRAM STAFF ONLY

The purpose of this section is to certify that _____ (name of youth), a resident of City of Tampa, residing at _____ (address) receives benefits under community Development Block Grant (CDBG) Program.

To determine if program applicants are income-eligible, grantees have several options (please select one):

- The annual income of this household has been examined and determined to be below \$ _____ (income limit for the program for a family of _____)
- The participant household/person assisted qualified under another program having income qualifications criteria at least as restrictive as that used in the definitions of LMI household/person, such as welfare programs
- Obtain a referral from a state, county, or local employment agency or other entity that agrees to refer individuals it determines to be LMI persons based on HUD's criteria and agrees to maintain documentation supporting these determinations
- Presumed Benefit- activity benefits a clientele who are generally presumed to be principally low and moderate income persons (circle one): abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS, migrant farm workers.

Signature of CDC of Tampa Inc. Staff _____

Printed Name & Date _____