

Process Number: \_\_\_\_\_

# Youth and Family FOCUS

*Reaching to the next generation*

P.O. Box 119

Palisades Park, NJ 07650

**Applying for which Wildlife session (Please check one):**

\_\_\_\_\_ July 2– July 8

\_\_\_\_\_ August 13– August 19

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B \_\_\_\_\_

**(Same name from School ID)**

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

Street

City or Town

State

Zip Code

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

Name of School: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

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I hereby agree to participate in the **WILDLIFE EXPERIENCE SUMMER PROGRAM** and to participate in all the scheduled activities. I agree to listen and follow all instructions and directions given to me by the Youth & Family Focus staff members and its youth leaders assigned to me. I understand that it is for my personal safety that these instructions and directions are given to me and it is my personal responsibility to listen and follow them during the course of this trip.

**Cancelations will not be accepted and no refunds will be granted after you have registered. Before you apply, please take note of our policies.**

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_

Process Number: \_\_\_\_\_

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## Applying for which Wildlife session (Please check one):

\_\_\_\_\_ July 2– July 8

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### Acknowledgment Form:

This form serves as an acknowledgment that you have read and understand our guidelines regarding the Wildlife Experience Summer Program. The Wildlife Experience Summer Program is only an appropriate option for people desiring such a program and who are willing to commit to fully participate in it. Please read each acknowledgment before you initial that item. All acknowledgments must be initialed in order for you to participate in the Wildlife Experience Summer Program.

Initials

\_\_\_\_\_ I understand that I am responsible to follow all the rules and guidelines given by the Wildlife Experience Summer Program staff members.

\_\_\_\_\_ I understand that if I break any rules, it will terminate my participation in the Wildlife Experience Summer Program. I also understand that I will not receive a refund for the Wildlife Experience Summer Program.

\_\_\_\_\_ I understand that law enforcement will be contacted if caught with illegal drugs.

\_\_\_\_\_ I give right to Wildlife Experience Summer Program staff members to search my belongings.

\_\_\_\_\_ I fully understand that cancelations will **not** be accepted and **no** refunds will be granted after I have registered.

\_\_\_\_\_ I understand that Youth and Family Focus and its staff members are not responsible nor liable for any personal injuries or damages caused to personal property should I neglect, disregard, or “not follow” the instructions and directions given to me.

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

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

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**Applying for which Wildlife session (Please check one):**

\_\_\_\_\_ July 2– July 8

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**General Guideline for Wildlife Experience:**

- A. The Wildlife Experience Summer Program is a faith-based program that is based upon Christian principles and practices. It consists of 5 days of volunteering work and other activities throughout the Tri-State area.
- B. The Wildlife Experience Summer Program does not discriminate on the basis of race, color, creed, religion, sex, national and ethnic origin, marital status, public assistance status, sexual orientation, family status, or disability in the administration of its educational, admission, or program policies or procedures.
- C. Possession and/or use of drugs, alcohol and tobacco are prohibited while enrolled in our program.
- D. No weapons of any sort. No jewelry except watches. No earrings of any sort.
- E. No street fad cloths such as oversized jeans. No tee-shirts and sweatshirts with questionable logos. No jeans with holes in them or muscle shirts.
- F. Shirts cannot expose the abdomen area. Shorts above mid-thigh are NOT allowed. No tank-tops.
- G. We hold the right to search any belongings during the program.
- H. Youth and Family Focus will not be responsible for any personal property that becomes lost, stolen, or damaged while on the camp site.
- I. I release Youth and Family Focus from all financial or legal responsibilities in case of accident, injury, illness or other misfortune.

Parent/Guardian's Name: \_\_\_\_\_

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

# Youth and Family FOCUS

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**Applying for which Wildlife session (Please check one):**

\_\_\_\_\_ July 2– July 8

\_\_\_\_\_ August 13– August 19

## **INJURY WAIVER**

I, \_\_\_\_\_, being of sound mind and body acknowledge that I am enrolling in a community service based program. I affirm that I am in good physical condition and do not suffer from any disability that would significantly prevent or limit my participation in any volunteering services during the **Wildlife Experience Summer Program** in a way that would endanger the safety of myself or other members.

I understand and am fully aware of the fact I will be involved in physical activities involving home construction, working in disaster areas, heavy lifting, and dancing. I understand that these above mentioned acts may cause me bodily harm.

In the event I am injured or suffer any short-term or long-term physical harm, I release **Youth and Family Focus**, its organizers, promoters, instructors, and participants from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care.

I release **Youth and Family Focus**, its organizers, promoters, instructors, and members from liability for any and all injuries sustained now or in the future, including, but not limited to pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, impalements, joint dislocations, hyperextensions of bones and joints, defenestration, decapitation, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, partial or total dismemberment, heart attacks, strokes, bear attacks, loss of vision, concussion, fatalities, dental trauma, amnesia, death, emotional scarring, or any other injury or illness however caused, occurring during or after my participation in **Wildlife Experience Summer Program** with **Youth and Family Focus**.

*All students are required to provide their own medical coverage.*

**I hereby affirm that I have read fully, understand and agree with the above statements.**

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

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

ATTACHMENT A

NO. 4770, Youth Assistance Programs

DATE 6/15/2012

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Form #4770A (5/12)  
Page 1 of 2



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STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION  
THE HARRIMAN STATE CAMPUS - BUILDING 2  
1220 WASHINGTON AVENUE  
ALBANY, N.Y. 12226-2650

BRIAN FISCHER  
COMMISSIONER

JEFF MCKOY  
DEPUTY COMMISSIONER  
PROGRAM SERVICES

**YOUTH ASSISTANCE PROGRAM  
STATEMENT OF PARENTAL CONSENT**

Eastern Correctional Facility \_\_\_\_\_ Date of Request \_\_\_\_\_

(This form must be completed by the school/agency/group requesting the program; the parent or legal guardian of the youth; and the Deputy Superintendent for Program Services at the participating facility.)

The parent/legal guardian must be informed that the Department of Corrections and Community Supervision requires that each outside participant under 18 years of age must have a signed parental consent form completed by the parent or legal guardian prior to his/her arrival at the correctional facility.

Members of the media may be present to observe the program if prior written approval has been obtained as required in Directive 0401. In this scenario media will only be allowed to accompany the youth participating in the program during their interactions with the offender facilitators. Media will not be allowed during youth processing, escort, lunch, tour or other program activities. Prior to completion of the program, facility staff, offender facilitators, and youth may choose to talk to the media.

Departmental regulations require that each participant be properly dressed; have proper identification on their person. They must not be in possession of any type of contraband including weapons, drugs, electronic devices such as laptops, cell phones.

**Section I. (To be completed by school, agency, group requesting to bring youth to the Youth Assistance Program (YAP) program.**

**Youth & Family Focus**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
(Print Name of Person (s) Responsible  
for Supervising Youth)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Please note that the Department recommends (1) responsible supervisor for every 5 youth.

**Youth & Family Focus**

Eastern

\_\_\_\_\_  
Name of Organization

in conjunction with

Eastern  
Name of Correctional Facility to be Visited

is requesting parental consent for

\_\_\_\_\_  
Name of Youth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
(M) / (F)

to participate in the

Youth Assistance Program on

\_\_\_\_\_  
Date of YAP Visit

Form #4770A (5/12)  
Page 2 of 2

**YOUTH ASSISTANCE PROGRAM  
STATEMENT OF PARENTAL CONSENT**

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**Section II (To be completed by parent/legal guardian)**

I \_\_\_\_\_ hereby affirm that I am the parent or legal guardian of the above named  
(Name)

youth and grant my consent for \_\_\_\_\_ to participate in the Youth Assistance  
(Name of Youth)

Program at Sullivan on \_\_\_\_\_  
(Name of Correctional Facility) Date

I am aware that the above named youth will participate in an educational/crime prevention deterrence program conducted by offenders and supervised by correction officers.

I am not aware of any relative(s) or friend(s) of the above named youth being incarcerated in the above named correctional facility at this time.

Participant's signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Legal Guardian signature \_\_\_\_\_ / \_\_\_\_\_  
(Date of Signature)

I do give ( ) do not give ( ) permission authorizing the use of my child's name, comments, still or video pictures for any legitimate purposes including publication by the media.

**PARENT CONTACT INFORMATION:**

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

**Section III (To be completed by Deputy Superintendent for Program Services)**

\_\_\_\_\_ Deputy Superintendent for Program Services at  
(Name)

Sullivan Correctional Facility have reviewed the above Parental Consent Form

submitted by \_\_\_\_\_ I verify that the information is accurate and approve  
(Name of Organization)

\_\_\_\_\_ to participate in the Youth Assistance Program of this facility on \_\_\_\_\_  
(Name of Youth) (Date of Program)

Form #4770A (5/12)  
Page 1 of 2



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STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION  
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1220 WASHINGTON AVENUE  
ALBANY, N.Y. 12226-2050

BRIAN FISCHER  
COMMISSIONER

JEFF MCKOY  
DEPUTY COMMISSIONER  
PROGRAM SERVICES

**YOUTH ASSISTANCE PROGRAM  
STATEMENT OF PARENTAL CONSENT**

Sullivan

Correctional Facility

Date of Request

(This form must be completed by the school/agency/group requesting the program; the parent or legal guardian of the youth; and the Deputy Superintendent for Program Services at the participating facility.)

The parent/legal guardian must be informed that the Department of Corrections and Community Supervision requires that each outside participant under 18 years of age must have a signed parental consent form completed by the parent or legal guardian prior to his/her arrival at the correctional facility.

Members of the media may be present to observe the program if prior written approval has been obtained as required in Directive 0401. In this scenario media will only be allowed to accompany the youth participating in the program during their interactions with the offender facilitators. Media will not be allowed during youth processing, escort, lunch, tour or other program activities. Prior to completion of the program, facility staff, offender facilitators, and youth may choose to talk to the media.

Departmental regulations require that each participant be properly dressed; have proper identification on their person. They must not be in possession of any type of contraband including weapons, drugs, electronic devices such as laptops, cell phones.

**Section I.** (To be completed by school, agency, group requesting to bring youth to the Youth Assistance Program (YAP) program.)

**Youth & Family Focus**

Name of Organization

(Print Name of Person (s) Responsible  
for Supervising Youth)

(Signature)

Date

Please note that the Department recommends (1) responsible supervisor for every 5 youth.

**Youth & Family Focus**

in conjunction with

Sullivan

Name of Organization

Name of Correctional Facility to be Visited

is requesting parental consent for

Name of Youth

Date of Birth

Age

(M) / (F)

to participate in the

Youth Assistance Program on

Date of YAP Visit

Form #4770A (5/12)  
Page 2 of 2

**YOUTH ASSISTANCE PROGRAM  
STATEMENT OF PARENTAL CONSENT**

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**Section II (To be completed by parent/legal guardian)**

I \_\_\_\_\_ hereby affirm that I am the parent or legal guardian of the above named  
(Name)

youth and grant my consent for \_\_\_\_\_ to participate in the Youth Assistance  
(Name of Youth)

Program at Eastern on \_\_\_\_\_  
(Name of Correctional Facility) Date

I am aware that the above named youth will participate in an educational/crime prevention deterrence program conducted by offenders and supervised by correction officers.

I am not aware of any relative(s) or friend(s) of the above named youth being incarcerated in the above named correctional facility at this time.

Participant's signature \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Legal Guardian signature \_\_\_\_\_ / \_\_\_\_\_  
(Date of Signature)

I do give ( ) do not give ( ) permission authorizing the use of my child's name, comments, still or video pictures for any legitimate purposes including publication by the media.

**PARENT CONTACT INFORMATION:**

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_  
(Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

**Section III (To be completed by Deputy Superintendent for Program Services)**

\_\_\_\_\_  
(Name) Deputy Superintendent for Program Services at

Eastern Correctional Facility have reviewed the above Parental Consent Form

submitted by \_\_\_\_\_ I verify that the information is accurate and approve  
(Name of Organization)

\_\_\_\_\_ to participate in the Youth Assistance Program of this facility on \_\_\_\_\_  
(Name of Youth) (Date of Program)

\_\_\_\_\_  
Signature, Deputy Superintendent for Program Services

\_\_\_\_\_  
Date of Signature



Process Number: \_\_\_\_\_

Process Number: \_\_\_\_\_