

Southern Oregon Youth Programs, Inc. PARTICAPANT Application

(If form is not legible, than your form may be returned to you)

NAME: Last Name, First Name, Middle Initial

MAILING ADDRESS: (Number and Street or PO Box)

CITY	ZIP CODE	PRIMARY PHONE
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E-MAIL ADDRESS

BIRTH DATE	AGE	GENDER	HEIGHT	WEIGHT	HAIR	EYES
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CURRENT GRADE	SCHOOL ATTENDING
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DESIRED ACTIVITY	
Academic/ Classes ____ Summer ____ Fall ____ Winter ____ Spring	_____ Date
Athletic _____	_____ Date
Occupational _____	_____ Date
Camp _____	_____ Date
Other _____	_____ Date
Other _____	_____ Date
Other _____	_____ Date

RELEASE AGREEMENT

I am submitting this application to Southern Oregon Youth Programs, Inc., and I hereby volunteer entirely upon my own initiative, risk and responsibility for an assignment to participate in this activity at the first available opportunity and with full knowledge that such activity may include:

1. Participation in Community Service activities as a youth participant at corporate, commercial, or privately owned facilities.
2. Remaining with the group I am assigned to at all times during the activity.
3. Travailing in vehicle from regular place of the activity, travel to the activity, and subsequent return to place of the activity.

In consideration of the permission extended to me by Southern Oregon Youth Programs, Inc. through its officers and agents to participate in said activity, I do hereby for myself, my heirs, executors, and administrators, release and forever discharge Southern Oregon Youth Programs, Inc. and all its officers, agents, and employees acting official or otherwise from all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of Southern Oregon Youth Programs, Inc. its agents or employees during said activity or continuances thereof, as well as all operations incident thereto.

_____ DATE

_____ SIGNATURE OF YOUTH PARTICIPANT

RELEASE BY PARENTS OR GUARDIAN

WHEREBY my child has applied for the activity referred to above. In consideration of the permission extended to my child by Southern Oregon Youth Programs Inc. through its officers and agents to participate in said activity, I do hereby for myself, my heirs, executors, and administrators release and forever discharge Southern Oregon Youth Programs, Inc. and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of the death or an account of any injury to my child which may occur as a result of the negligence of Southern Oregon Youth Programs, its agents or employees during said activity or continuances thereof, as well as all operations incident thereto. In addition, by my signature below, I certify the youth participant:

1. Is my/our minor child or ward,
2. Has no history of injury or disease that might cause further harm by this activity,
3. Will follow all rules, regulations, and directives as established by Southern Oregon Youth Programs, Inc, activity protocol, supervisory volunteers, and SOYP volunteers. If not following the above-mentioned rules, regulations, and directives he/she may be sent home at the discretion of the activity volunteer coordinator at my/our expense.

In case of injury, disease or other illness, permission is hereby granted to SOYP volunteers to help/treat the youth participant as required. If the youth participant is released from the activity by self/parent(s)/guardian(s) before recovery from said injury, disease, or illness, further treatment will be provided by me, as their parent/guardian.

Funding Policy

1. All applications, forms and an intake interview must be completed for funds request(s) to be processed.
2. All applicants are expected to participate in community service and fund raising activities **at least once per quarter**. Time given to these activities will be banked as credits toward other activity funding for the youth participant. (Applies only to activities within the scope of the SOYP program and is not otherwise transferable.)
3. All requests for funds must be in writing, either manually or electronically.

DATE

Print Name of Father/Legal Guardian

FATHER/LEGAL GUARDIAN SIGNATURE

DATE

Print Name of Mother/Legal Guardian

MOTHER/LEGAL GUARDIAN SIGNATURE

I certify that the applicant is qualified to participate in Southern Oregon Youth Programs, Inc. and any associated activities. I have interviewed the applicant and their parent/guardian and recommend approval of the application.

DATE

Print Name of intake personnel

Signature of intake personnel

Southern Oregon Youth Programs, Inc.

Youth Code of Conduct

The reputation of an organization is built on the conduct of its participants, thus our conduct is important to the public image of Southern Oregon Youth Programs, Inc. We are a youth program, and each of us, no matter what role we hold, have a responsibility to set an exemplary model for others. We have a service element to our program and it is important that we set a good example of attitude, work ethic and quality service to other kids and those we serve.

Specific areas of concern are as follows:

1. **Speech-** Foul or suggestive language is degrading to others and yourself. Raise the bar, set a good example by speaking respectfully.

2. **Dress** – This is one of appropriateness, not a personal style issue. Outfits that reveal cleavage, midriffs, or undergarments are not allowed. Any clothes with foul or suggestive language or pictures, gang symbols, or drug and liquor ads are inappropriate. Also, be sure to dress functionally appropriate for activities.

3. **Attitude/work ethic-** SOYP’s goal is to create a positive environment in which to learn, grow and succeed. Adult volunteers are here to guide, direct, support and encourage. We want to encourage you to work with dedication, grace, honesty, integrity, respect and others oriented focus in the tasks that we do and the people we interact with.

4. **PDA/physical contact-** Personal Display of Affection and physical contact are not allowed. Be sure you are setting a good example of self control and personal boundaries.

I, as the youth participant, agree to conduct myself in an upright and blameless manner when working with this organization or representing it in any way. I understand that this involves my personal reputation in the community as well as any direct or indirect work for Southern Oregon Youth Programs, Inc. and will actively seek to conduct myself in an honorable manner consistent with these principles and mission of the organization.

Infractions of this code will be addressed by the board and may result in expulsion from the program.

Youth Participant’s printed name	Signature	Date
Parent/Guardian’s printed name	Signature	Date
SOYP Intake Personnel printed name	Signature	Date