



2010-2011

Impact Leadership Academy Enrollment & Medical Release Form

MUST BE COMPLETED BY PARENT OR GUARDIAN

Teen's Name: _____ School _____ Grade _____

Date of Birth ____ / ____ / ____

Male Female

My child qualifies for free lunch

My child qualifies for reduced lunch

Ethnicity of Child:

Euro American (Caucasian)

African-American

Asian American

Native American

Hispanic/Latino American

Multi / Bi Ethnicity American

Middle Eastern American

Medical Information / Special Requests (Required):

Please list any physical or mental disability or disease (HIV/AIDS, Depression, Diabetes, Epilepsy, Dyslexia, Asthma, ADHD, Cancer, Allergies, etc.)

that your child may suffer from which may affect your child's health while involved in City Impact programs. _____

Please list any medication, regular treatment, or special diet that may require supervision while your child is involved in City Impact programs. Please explain the reason for the medication or treatment. _____

Please list any special services your child may receive during the regular school day (Social Worker, Resource Room, ESL, etc.) _____

Child's Physician _____ Phone _____

Family Information:

Parental Status: Single Married Widowed Divorced Separated Re-married

Custodial & Legal Guardian is: Both Mother & Father Mother Father Other _____

With whom does the child live? _____

What Church does your family attend? _____

Would you like information about Churches in the area? _____

Mother / Legal Guardian Information:

First and Last Name _____

Home Address _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

E-mail Address _____

Best time to contact: Morning Afternoon Evening Any

Father / Legal Guardian Information:

First and Last Name _____

Home Address _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

E-mail Address _____

Best time to contact: Morning Afternoon Evening Any



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Emergency Contact (If parent/guardian cannot be reached):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Is there anyone who **can not** have contact with your child? Yes No If yes, whom? _____

T-Shirt Size

- Youth: 8-10 Youth: 10-12 Youth: 14-16 Adult: S Adult: M Adult: L Adult: XL
 Adult: XXL

Program

- Impact Leadership Academy-Sundays 5:30-9:30pm- Grades 6-12

Pick Up

- Walk Home Walk Home with Older Sibling _____ (name) Picked Up

Permission:

- Yes No I give City Impact permission to use photographs, video, writings, artwork, etc. for promotional materials, presentations and documentary purposes.
- Yes No I give City Impact staff and volunteers permission to transport my child for program purposes.
- Yes No I give City Impact permission to share and receive necessary information from school and other agency partners to assist with providing the best program experience for my child. All information at City Impact is kept confidential and secure.
- Yes No I have read City Impact's parent-student handbook. My child understands and agrees to abide by the guidelines set forth in this handbook.
- Yes No At the Impact Leadership Academy, sensitive subjects such as drugs, sex, dating, teen violence, etc may be studied within a Biblical Framework. I give my child permission to participate in these Bible Studies.

I hereby release City Impact, its staff and volunteers, from responsibility and liability for any injury or illness that my child or myself may sustain during this activity. In the event of an emergency, I hereby authorize examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect the contact person to be contacted as soon as possible. By signing below I give permission for my child to participate in City Impact program activities. I understand that City Impact does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. I will work as a partner with staff to ensure my child is successful in the program. I will notify City Impact of any changes to the information in a timely manner.

Signature of Parent / Guardian

Date

2. What activities are you involved in outside of school that might conflict with the ILA on Sunday evenings? (sports, church, dance, other clubs, etc.)

3. After reading the ILA Teen Handbook, what element of the academy interests you the most? (i.e. Youth Speaking Team, Youth Writing Team, Missions Trips, etc.)

4. Describe your walk with the Lord:

5. We would like to know which Leadership Teams you are interested in being a part of. Please read the descriptions in the Teen Handbook and rank them in the order of your interest.

(1= most interested, 6= least interested.)

___ Youth Speaking Team

___ Youth Directional Team

___ Youth Writing Team

___ Youth Philanthropy Team

___ Youth Social Justice Team

___ Youth Worship Team

Read the following statement and sign your name at the bottom if you agree.

I have read the entire Teen Handbook and I can meet the expectations that are eagerly anticipated for me at the Impact Leadership Academy. I understand all the Behavior Guidelines, the Attendance Policy, and the CI Essentials. As a member of the academy I will do my best to uphold each of those areas. I am also excited about the mission to impact the world around me for Christ and to be a youth leader in my community. Most importantly, I desire to learn about and follow Christ daily.

Signature of Teen _____

Date _____

Name _____

JR. HIGH STUDENTS ONLY

What areas would you like God's wisdom on?

Put an "X" next to your top ten choices.

<input type="checkbox"/> Pursuing Godliness	<input type="checkbox"/> Racism
<input type="checkbox"/> God's Peace	<input type="checkbox"/> God
<input type="checkbox"/> Slander	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> God's love for people	<input type="checkbox"/> Knowing God
<input type="checkbox"/> An Unfair World	<input type="checkbox"/> Nuclear War
<input type="checkbox"/> Foolishness	<input type="checkbox"/> Church Involvement
<input type="checkbox"/> Godliness	<input type="checkbox"/> Death
<input type="checkbox"/> Being Blessed	<input type="checkbox"/> Feelings of Inferiority
<input type="checkbox"/> Facing Challenges	<input type="checkbox"/> Free Time
<input type="checkbox"/> Following Christ	<input type="checkbox"/> Preparing for Adolescence
<input type="checkbox"/> Parents	<input type="checkbox"/> School
<input type="checkbox"/> Delighting in God	<input type="checkbox"/> Growing Up
<input type="checkbox"/> Treasures in Heaven	<input type="checkbox"/> Family Life
<input type="checkbox"/> The Existence of God	<input type="checkbox"/> Music Videos
<input type="checkbox"/> Loyalty	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Helping Others	<input type="checkbox"/> Materialism
<input type="checkbox"/> Glorifying God	<input type="checkbox"/> Prayer
<input type="checkbox"/> Transitioning into High School	<input type="checkbox"/> Television
<input type="checkbox"/> Sex Education	<input type="checkbox"/> Peer Pressure
<input type="checkbox"/> Boyfriends and Girlfriends	<input type="checkbox"/> Sin
<input type="checkbox"/> Biblical Doctrine	<input type="checkbox"/> Christian Social Action
<input type="checkbox"/> Christian Service	<input type="checkbox"/> Basic Christianity
<input type="checkbox"/> Vulgarity and Pornography	<input type="checkbox"/> Wisdom
<input type="checkbox"/> Homeless people	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Spiritual Growth	
<input type="checkbox"/> War	
<input type="checkbox"/> Faith	

Name _____

HIGH SCHOOL STUDENTS ONLY

What areas would you like God's wisdom on?

Put an "X" next to your top ten choices

<input type="checkbox"/> Suicide	<input type="checkbox"/> Satanism
<input type="checkbox"/> Faith	<input type="checkbox"/> Popular Music
<input type="checkbox"/> Premarital Sex	<input type="checkbox"/> Movies
<input type="checkbox"/> Dating	<input type="checkbox"/> Christ's Return
<input type="checkbox"/> Romantic Love	<input type="checkbox"/> AIDS
<input type="checkbox"/> Marriage	<input type="checkbox"/> Family Communication
<input type="checkbox"/> Values and Behavior	<input type="checkbox"/> Violent Music
<input type="checkbox"/> Church	<input type="checkbox"/> Pursuing Godliness
<input type="checkbox"/> Holy Spirit	<input type="checkbox"/> God's Peace
<input type="checkbox"/> Stress	<input type="checkbox"/> God's love for us
<input type="checkbox"/> Worship	<input type="checkbox"/> Foolishness
<input type="checkbox"/> Decision Making	<input type="checkbox"/> Godliness
<input type="checkbox"/> Teenage Rebellion	<input type="checkbox"/> Being Blessed
<input type="checkbox"/> The Future	<input type="checkbox"/> Facing Challenges
<input type="checkbox"/> Abortion	<input type="checkbox"/> Following Christ
<input type="checkbox"/> Service	<input type="checkbox"/> Parents
<input type="checkbox"/> Priorities	<input type="checkbox"/> Delighting in God
<input type="checkbox"/> Cheating	<input type="checkbox"/> Treasures in Heaven
	<input type="checkbox"/> Spiritual Stamina