 **Kingdom Empowerment Inc.**

 **Website: Kingdomempowerment717.com**

**Program Rules:** For this program to run smoothly & effectively, consideration must be considered for the following:

* During covid-19 pandemic, CDC guidelines for gym settings will be followed. Wearing of masks is expected in common areas. Disinfection of high touch surfaces will be followed. Cough, sneeze etiquette will be enforced.
* Participants must respect staff, peers, and self.
* Participants must remain in class at all times; specified breaks will be given.
* Notify staff in advance if unable to attend a session.
* Participant will be released only to person(s) on enrollment form.
* Constant, unacceptable behavior may result in exclusion from the Kingdom Empowerment program.
* Wear appropriate clothing, footwear, masks.
* No foul language.
* No smoking in or around the building.
* No horseplay (fighting, pushing, rude remarks).
* Cell phones must remain on vibrate. Talking on cell phones are not permitted during sessions.
* A verbal warning, written warning will be given followed by termination for any inappropriate behaviors.
* Failure to comply with internet rules will result in immediate termination.

**\*All facilitators, those in contact with youth must have a PA Child Abuse Clearance.**

I acknowledge receipt and acceptance of this document.

NAME OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Personal Data Form. Print clearly. (All information is confidential)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade\_\_\_\_\_\_\_\_\_**

**With whom is youth living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mother, father, grandparent…)**

**Name(s) of Parent/Guardian(s) that youth lives with:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does youth have access to a computer? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**

**Are you willing to enroll your youth & be committed to the scheduled sessions, time, dates?**

 **\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No**

**Do you permit staff & community/faith-based organization to discuss sexual abstinence, drug/alcohol/smoking/vaping awareness, violence awareness, mentoring, hygiene, cooking, sewing and activities of daily living? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No**

**\*All staff, facilitators, those in contact with your youth will have a PA Child Abuse Clearance.**

I acknowledge receipt and acceptance of this document.

NAME OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

**Youth Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACTS:**

**Name Phone Relationship**

**Name Phone Relationship**

**Person to whom youth may be released:**

**Name Relationship**

**Name of youth’s medical provider:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Health Insurance for youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Disabilities/Accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I acknowledge receipt and acceptance of this document.

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL INFORMATION SHEET**

**Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dietary Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regular Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Conditions & History (please check all that apply).**

**Asthma \_\_\_\_\_\_\_**

**Arthritis \_\_\_\_\_\_\_**

**Alcoholism/Drug Abuse \_\_\_\_\_\_\_**

**Behavioral Health Diagnosis \_\_\_\_\_\_\_ If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bleeding Disorders \_\_\_\_\_\_\_**

**Diabetes \_\_\_\_\_\_\_ Insulin Dependent \_\_\_\_\_\_yes \_\_\_\_\_\_no**

**Depression \_\_\_\_\_\_\_**

**High/ Blood pressure \_\_\_\_\_\_\_**

**High Cholesterol \_\_\_\_\_\_\_**

**Kidney Trouble \_\_\_\_\_\_\_**

**Leukemia \_\_\_\_\_\_\_**

**Migraine Headaches \_\_\_\_\_\_\_**

**Obesity \_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY MEDICATION THAT NEEDS ADMINISTERED WHILE YOUTH IS IN THE PHYSICAL CUSTODY OF THE PROGRAM, MUST BE IN THE ORIGINAL PRESCRIPTION CONTAINER/BOTTLE.**

I acknowledge receipt and acceptance of this document.

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERMISSION FOR MEDIAL TREATMENT AND RELEASE**

I am the guardian for the above youth. I understand there are risks and hazards, in addition to benefits associated with my youth/child’s participation. On behalf of myself, my child, our heirs, executors, administrators, and other personal representatives, do herby irreversibly and unconditionally remise, release, settle, compromise and forever discharge any and all manner of suites, actions, causes of action, damages and claims, known and unknown, that I or my child have or may have against the **Kingdom Empowerment RAM Program** and any and all entities associated with the Program arising from or connected with my child’s participation including the securing of medical treatment.

I give permission for secured medical treatment (i.e., EMERGENCY CARE-AMBULANCE) for my child if such treatment is required during his/her participation. I will be financially responsible for the cost of such treatment. In addition, should my child/youth need medication administered on a daily basis, I will provide Kingdom Empowerment staff with clear instructions, including the name of the medication(s), and the prescribing doctor’s name, address, and phone number should they need to be contacted.

The Commonwealth of Pennsylvania’s laws apply to this Permission for Medical Treatment and Release. This release will remain valid and binding from the beginning and throughout the course of the ongoing Kingdom Empowerment Program.

I acknowledge receipt and acceptance of this document.

NAME OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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**AUTHORIZATION/REGISTRATION FORM**

I grant permission for my child/youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in all scheduled activities under Kingdom Empowerment Inc. RAM Program as listed on the attached overview sheet.

I release the nonprofit Kingdom Empowerment Inc., Golds Gym Camp Hill and ALL other professional entities, from any and all liability, claims, and causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of this program.

I acknowledge receipt and acceptance of this document.

NAME OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME OF WITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Kingdom Empowerment Inc.**

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**FIELD TRIP/ACTIVITIES RELEASE FORM**

I grant permission for my youth/child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be taken off-site by **RAM Program Staff**, for field trips and other special events. I release the RAM program, all staff, facilitators, and entities from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in off-site field trips and activities.

**NOTE: A permission slip will be sent home prior to any scheduled field trips or activities. In the event the permission slip is not signed, your child/youth will not be permitted to attend planned field trip and will not participate in any activities for that day.**

I acknowledge receipt and acceptance of this document.

NAME OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PHOTO/IMAGE CONSENT FORM**

Occasionally, staff members wish to photograph, videotape, or otherwise record the **activities** of Kingdom Empower RAM Program participants for the purpose of recording, promotions, and reporting the outcome of the program. We sometimes provide local newspapers with information about the RAM program participants, such as the youth name, grade, school district, and the youth’s participation and/or accomplishments completed during the program.

I hereby give permission for my child to be photographed, videotaped, or otherwise have their image or voice recorded in connection with the RAM program.

I give permission for program activities to be photographed, videotaped, and/or recorded materials in any publications, promotional materials, reports, websites, CD’s, DVD’s, other media for publicity, reporting purposes, or in any other noncommercial manner that it chooses.

I hereby waive and release any rights that I may have to the said videotaped, recorded, and/or photographed materials. I further grant permission to provide local media and foundations with information about my youth/child.

I acknowledge receipt and acceptance of this document.

NAME OF PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF COORDINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COMMUNITY SERVICE CONFIRMATION FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of hours completed: \_\_\_\_\_\_\_\_\_\_\_\_\_

Church or Agency where work was performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of work done:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that the work described above has been completed satisfactorily and that no monetary remuneration was paid.

**Return form to:**

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

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_