



HON. RICHARD THOMAS
Mayor

DAMIA HARRIS- MADDEN, MS
Executive Director

CITY OF MOUNT VERNON YOUTH BUREAU
CITY HALL - ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
WWW.YOUTH.CMVNY.COM
FACEBOOK.COM/MVYOUTHBUREAU
PH: (914) 665-2344 - (914) 665- 2346 FAX: (914) 665-1373

G.E.M.
The Girls Embracing Maturity 2017
Learn and Earn Summer Leadership Academy
MOUNT VERNON YOUTH BUREAU RELEASE AND CONSENT FORM

CHILD'S NAME: _____

ADDRESS: _____

City: MOUNT VERNON State: NEW YORK Zip: _____

Age: _____ Date of Birth: ___ / ___ / _____

Home Telephone # _____ Cell Tel. Number: _____

Emergency Contact

Name: _____ Relationship: _____ Contact Phone #: _____

I, _____ HEREBY ACKNOWLEDGE that I voluntarily grant permission for my child _____ to participate in the Mount Vernon Youth Bureau's G.E.M Leadership Academy (Girls Embracing Maturity). The location **TO BE ANNOUNCED**.

Monday – Thursday, beginning July 5, 2017 through August 11, 2017

10:00 am – 2:00 pm

Deadline is May 26, 2017

A COMPLETED APPLICATION MUST BE SUBMITTED WITH THE MOST RECENT PHYSICAL.

Accordingly, I agree to voluntarily waive, release and discharge from any and all liability, The City of Mount Vernon, its elected and appointed officials, officers, agents and employees from any and all claims, damages, causes of action, demands in law and in equity, resulting from the negligence of The City of Mount Vernon, its elected and appointed officials, officers, agents and employees, or otherwise resulting from my child's participation in the **G.E.M Program**. This agreement to be binding on my heirs, and personal representatives, next of kin, spouse and assigns. Initial: _____

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT IS AN AGREEMENT TO ASSUME ALL RISKS AND TO RELEASE THE CITY FROM ALL LIABILITY RESULTING FROM MY CHILD'S PARTICIPATION IN THE MOUNT VERNON YOUTH BUREAU GEM PROGRAM.

SIGNATURE OF PARENTS/GUARDIANS

SIGATURE: _____

DATE: _____



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G.E.M.
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REGISTRATION FORM

Name _____ School _____

Date of Birth _____ Grade _____

Ethnicity:

Black, non-Hispanic
Hispanic

White, non Hispanic
American Indian/ Alaskan Native

Asian/Pacific Islander
Other/Unknown

Referred by: _____ Contact number: _____

GOALS	ACHIEVMENTS
Academic:	Academic:
Personal:	Personal:



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G.E.M.

Learn and Earn Summer Leadership Academy 2017

PHOTO /VIDEO / ARTWORK/ WRITING SAMPLES RELEASE FORM

I, _____ **HEREBY GIVE PERMISSION**
Parent/ Guardian

FOR MY CHILD _____, **TO BE**
Participants name

PHOTOGRAPHED OR VIDEOED AND TO SUBMIT ARTWORK AND WRITING SAMPLES.

HER PHOTGRAPH, FOOTAGE OF HER, ARTWORK OR WRITING SAMPLES MAY BE USED FOR PUBLICITY PURPOSES AND TO PROMOTE THE GEM (GIRLS EMBRACING MATURITY) PROGRAM BY THE MOUNT VERNON YOUTH BUREAU.

PARENT/ GUARDIAN'S SIGNATURE

DATE



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G.E.M. AGREEMENT

Learn and Earn Summer Leadership Academy 2017

This agreement is a binding contract between G.E.M. participant _____ and The City of Mt. Vernon's Youth Bureau. By signing this contract you are in full agreement to comply with the following rules and guidelines of the program.

All participants **MUST COMMIT TO 100%** participation in **ALL ACTIVITIES**. Any participant that has **TWO UNEXCUSED ABSENCES WILL BE TERMINATED FROM THE PROGRAM**.

Full participation of the program includes:

- Displaying maturity at all times
- Attending sessions on time
- Participating in all scheduled activities
- Attending all scheduled trips and/or workshops
- Completing any given assignments on time
- Never showing disrespect to any Youth Bureau staff member or participant
- Have fun while learning, sharing, and growing

The G.E.M Program maintains an open door policy with families. Please feel free to express any comments, concerns, or compliments along the journey towards your young ladies "Embracing Maturity" experience.

Signature of participant _____

Signature of participant's parent/guardian _____

Feel free to contact **Keisha Kendley, Program Coordinator; at (914) 665-2344** should you have any questions or concerns.



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GEM 2017
RELEASE & EMERGENCY MEDICAL INFORMATION

Date: July 5, 2017 – August 11, 2017

Destination: Various

Participant Name: _____

Age: _____

1. Does your child have any illnesses that will prevent them from taking part in daily activities? Explain.

2. Does your child experience seizures? If so, how often? _____

3. Does your child carry medication, an Epi-Pen, asthma pump and/or any other medical devices we should be aware of? Please list and identify purpose.

**** PLEASE NOTE THE MOUNT VERNON YOUTH BUREAU GEM SUMMER PROGRAM DOES NOT ADMINISTER MEDICATION****

4. Does your child have any drug, food or insect allergies? Explain. _____

5. Has your child had a tetanus shot in the last five (5) years? When? _____

Participant Physician Name: _____ **Physician #:** _____

In case of injury, I hereby authorize chaperones in their discretion to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary.

In case of injury, please call:

Name: _____ Relationship: _____ Contact Phone #: _____

In the event that the minor, _____, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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FIELD TRIP PERMISSION SLIP

Name of program child attends: **GEM Summer Leadership Academy 2017**

Destination: **Various**

Time of Departure: **N/A**

Anticipated Return Time: **N/A**

Participant Name: _____

Address: _____

City: **MOUNT VERNON** State: **NEW YORK** Zip: 1055____

Parent/Guardian Name: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Emergency Contact

Name: _____ Relationship: _____ Contact Phone #: _____

I, _____, hereby grant my child _____ permission to attend the field trips sponsored by the Mount Vernon Youth Bureau. I further understand and agree that I am aware that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any injuries or accidents, which may occur due to my child's negligence. I further understand and agree that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any physical or emotional disorder, which I failed to mention. I understand that there **will not** be any administering of medication given to my child for any ailment that he/she might have.

CHECK THE FOLLOWING

DAILY MEDICATION NEEDED? YES _____ NO _____
ANY ALLERGIES? YES _____ NO _____
GLASSES/HEARING DEVICE? YES _____ NO _____

If the answer is yes, please state special needs _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____