



HON. RICHARD THOMAS  
*Mayor*

DENA T. WILLIAMS  
*Deputy Director*

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

**G.E.M.**  
The **G**irls **E**mbracing **M**aturity 2018  
Learn and Earn Summer Leadership Academy

**REGISTRATION CHECKLIST**

**The following items are required for ALL students to complete registration:**

- Completed 2018 G.E.M. Summer Leadership Academy application
- Proof of Residence (i.e. utility bill/driver's license, etc.)
- Copy of Birth Certificate
- Copy of one form of ID
- Copy of Social Security Card
- Completed release & emergency medical form in application

***PLEASE NOTE: Applications will NOT be accepted if any of the above items are not included.***



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**G.E.M.**  
**The Girls Embracing Maturity 2018**  
**Learn and Earn Summer Leadership Academy**

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City: MOUNT VERNON State: NEW YORK Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Tel. Number: \_\_\_\_\_

Parent Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

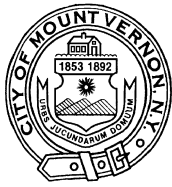
I, \_\_\_\_\_ HEREBY ACKNOWLEDGE that I voluntarily grant permission for my child \_\_\_\_\_ to participate in the Mount Vernon Youth Bureau's G.E.M Leadership Academy (Girls Embracing Maturity). The location is to **BE ANNOUNCED**.

**Monday – Thursday, beginning July 9, 2018 through August 9, 2018**  
**10:00 am – 2:00 pm**  
**Deadline is June 8, 2018**

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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Learn and Earn Summer Leadership Academy 2018  
**REGISTRATION FORM**

Name \_\_\_\_\_ School \_\_\_\_\_

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

**Ethnicity:**

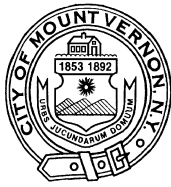
Black, non-Hispanic  
Hispanic

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 2018

### **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 2018

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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**G.E.M. Learn and Earn Summer Leadership Academy 2018  
RELEASE & EMERGENCY MEDICAL INFORMATION**

Date: July 9, 2018 – August 9, 2018

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 SAFE HAVEN 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 2018**

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