



TEENS WITH A PURPOSE PROGRAMS

Registration & Field Trip Permission

Please Read Carefully before Signing



When completing form, print legibly in ink.

Purpose Place Program

☐ AfterSchool Program 3pm-6pm

☐ Better Choices

☐ HIPTern Program

☐ Days of the week: _____

Participant Name: _____

School Name: _____

First name Last Name

Grade (as of Fall 2022): _____ Date of Birth: _____ Age: (as of program start date) _____

Ethnicity: _____ T-shirt Size (\$10): _____ SM _____ MED _____ LG _____ XL _____ XXL

Gender: M ☐ F ☐ Parent Email: _____ Youth Email: _____

Street Address: _____

Residence Street

Address

City

State

Zip Code

Community / Housing Name _____

Participant Phone Number: Day _____ Evening _____ Cell _____

Medical and/or Behavior Concerns (i.e. weaknesses, allergies, physical limitations, disabilities, etc): _____

Primary Guardian Name: _____ Phone Number: () _____

Do you agree to allow your child to receive weekly COVID-19 testing ? Yes ☐ No ☐

Do you receive free or reduced Lunch? Yes ☐ No ☐

Emergency Contact: _____ Relationship to Applicant _____ Phone: _____

Acknowledgment of Risks/Waiver of Liability. Teens With a Purpose has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19. The entire staff is vaccinated and every participant is tested for COVID19 at the beginning of the week, free of charge. However, Teens With a Purpose cannot guarantee that you or your child will not become infected with COVID-19. I have read & signed the attached **Minor Participant Waiver, Release, Indemnification form**. I acknowledge the contagious nature of COVID-19 and voluntarily agree to participation terms outlined in this registration package.

Applicant Signature Guardian Signature (if Applicant is under age 18) _____ Date _____

Evidenced Based Curriculum agreement: Teens With a Purpose Staff has been trained by Eastern Virginia Medical School (EVMS) and certified to present Get Real Comprehensive Sex Education That Works (Get Real) that delivers medically accurate, age-appropriate information on a range of topics pertinent to sexual health and relationships. Get Real connects self-awareness, self-management, social awareness and relationship skills to responsible decision making. The program engages parents and caregivers as the primary sexual health educators through family activities to guide you on values about sex and sexuality. Young people are given the foundation to make responsible decisions, as well as to build and maintain healthy relationships in all aspects of their lives. I consent to my child's participation in the Get Real curriculum offered by Teens With a Purpose.

Applicant Signature Guardian Signature (if Applicant is under age 18) _____ Date _____

Photo Permission Agreement: OPTIONAL. I understand that I (or the participant who I represent) may be photographed and/or videotaped while participating during the activity and/or at this facility. I agree to allow the Teens with a Purpose and third party affiliates to use photographs and/or videotapes in department/organization publications, media, campaigns, and educational, community service, and/or health & safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand, and agree to the conditions _____ as _____ set _____ forth _____ above.

Applicant Signature Guardian Signature (if Applicant is under age 18) _____ Date _____

Welcome to PURPOSE PLACE!

Dear Program Participant:

Congratulations you have been accepted into Teens With a Purpose Purpose Place Program! A dynamic experience has been planned for you. Teens With a Purpose (TWP) Peer Leaders, staff, mentors and tutors look forward to supporting you through a unique and enriching experience. Purpose Place runs Monday-Friday, for the first semester starting September the 12th from 3:00pm-6:00pm, Homework Hour 3pm, and afterschool activities start at 4pm. *By joining Purpose Place, youth will receive a Student/Teacher/Parent Support Team and on-site/virtual tutoring & mentoring.*



IMPORTANT COVID-19 INFORMATION & OTHER DETAILS FOR PARENTS AND GUARDIANS

- You will be asked to consent for weekly covid19 testing weekly and present proof of negative COVID-19 test before beginning program (*can be administered by TWP on first day prior to entering the building - Monday's only*)
- Staff and participants are asked wear a mask indoors regardless of vaccination status
- Temperatures will be taken upon arrival. We will call you if your child has a high temperature or becomes ill; they will be isolated and you will have to pick them up.
- If your child is sick and experiencing any symptoms of COVID-19, please keep them at home and notify the administrative offices 747-2679.
- This is a Safe ZONE backpacks and body metal detector wand used.
- **Youth are expected to bring their school issued computer, charger, school issued WIFI, earphones, school log-ins & school supplies needed for homework & study.**

OTHER IMPORTANT NOTES

- Your Purpose Place experience will include enrichment activities from 3-6pm including music, guitar lessons, poetry, performance, yoga, dance, glassblowing, radio show, visual arts, and steel pans.
- Transportation can be requested, but is based on a need basis and availability
- TWP T-shirts are \$10 and can be purchased in the administrative office.
- This program is provided ***free of charge to families*** to ensure that every young person is able to participate, regardless of their ability to pay, but donations are welcomed.

Completed waiver forms and additional information must be received by September 3rd.

Parent Question & Additional Waiver Forms
Donation List [Youth Survey](#)

If you, your parents, or care providers have any further questions, please feel free to contact Michelle Sims at (757) 747-2679 or email TWPMichelle@gmail.com or ask for me, Deirdre Love, directly.

Be Inspired!

Deirdre A. Love

TWP Executive Director & Founder 757-757-2679 | TWPDirect@gmail.com | www.TWPTheMovement.org

Purpose Place Program '22-'23

Monday-Thursday, First semester starting September 12th

Address: Vivian C. Mason Arts & Technology Center, 700 E. Olney Road, Norfolk, VA 23504 (Off of Church Street, in between E. Brambleton Ave and E. Virginia Beach Blvd)

Sample Day @ Purpose Place:

Homework Hour

Dinner

Art Break/Gardening/Youth Circle

Dismissal (Students must leave/be picked-up promptly by 6:10pm. Rides will be given home if requested at 6:30pm)

PURPOSE PLACE DETAILS & GUIDELINES:

1. Depending on program demand, confirmed registrations may have to be determined via a lottery process.
2. Everyone is required to wear masks indoors, practice spatial distancing and sanitize often.
3. Temperatures are taken upon arrival and dismissal, daily. Please keep your child at home if he or she is ill. If your child has a temperature you will be called to pick him or her up. Disclosure of COVID19 status is required.
4. A detailed after school schedule will be posted onsite.
5. Workshop content may contain sensitive topics not limited to: Emotional Health & Wellbeing, Bullying, Sex/Sexuality, Gender, Violence Prevention and more. As we spotlight these topics some youth may have emotional responses. Youth may use their own colloquial language to describe their experiences, which sometimes includes words that would otherwise be inappropriate in a "classroom."
6. Purpose Place starts at 3:00pm and ends at 6:00p daily. All students are required to leave the premises at 6:10p. Some field trips may extend past the typical day. These exceptions will be announced in advance.
7. TWP t-shirts may be purchased for \$10.00. TWP t-shirts are encouraged to be worn on field- trips.
8. Leaders will not, under any circumstances, transport any students to-or-from their home or any location. Youth can request a ride home on Monday evenings.
9. All students are required to complete a conduct agreement and adhere to it. Failure to abide by the agreement could result in expulsion from the program.
10. There is a zero tolerance policy regarding violence; being under the influence of illegal substances and/or any kind of intoxicants; and possession of drugs or weapons.
11. Please pack a light sweater or blanket.
12. Please bring your own school issued computer and earbuds.
13. Please dress comfortably and appropriately for each day at Purpose Place. Revealing clothing and/or items with objectionable messages are not to be worn.
14. Please wear comfortable closed toe shoes for extra curricular activities.

Purpose Place Program

PARENT QUESTIONNAIRE & DONATION LIST

Parent Name: _____ Youth Name: _____ Grade _____

Dear Parent/Guardian:

We are so happy to have the opportunity to provide **free** programs to ensure that every young person is able to fully participate, regardless of their ability to pay.

Teens With a Purpose (TWP) relies on donations from parents, sponsors and collaborative partners to continue to provide FREE programs for teens in Hampton Roads. Parent commitment to support is critical. So today, we are asking you to commit to helping TWP help youth.

(Check One): ☐ Free ☐ Reduced ☐ Full Cost (Please attach supporting document for free/reduced lunch)

Is your child fully vaccinated? ☐ Yes ☐ No ☐ Received first dose only

Lunch (Check One): ☐ Free ☐ Reduced ☐ Full Cost

Educational Style: Are there any systems in place to help your youth succeed academically?

What is the student login? Login _____ Password _____

Member Lives with: ☐ Mom ☐ Dad ☐ Step Mom ☐ Step Dad ☐ Grandparent
☐ Foster

of Children under 18 years old in Home: _____ Adults in Home: _____

Is the Parent/Guardian active in the Military? Yes No If yes, which Branch: _____

Current Head of Household: Female Male Both Single Parent: Yes No

Will your youth need transportation home? Yes No If yes, please select the school site:

- | | |
|---|--|
| <ul style="list-style-type: none">• Booker T. Washington HS• Norview HS• Northside MS | <ul style="list-style-type: none">• Granby HS• Ruffner MS |
|---|--|

Please select at least one item out of the three categories listed below as your contribution:

1. Drinks
2. Food
3. Supplies (Cleaning, School, Arts)

Donation Details: _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING TWP-The Youth Movement FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE



Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of TWP-The Youth Movement facilities, services, equipment and premises ("Facilities") and any participation in TWP-The Youth Movement programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that TWP-The Youth Movement, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

By signing this agreement, you are giving up certain legal rights,
including to right to recover damages in case of injury, death, or property damage.

I _____ (hereinafter the "Undersigned")
reside at _____ in _____,
STREET ADDRESS CITY STATE

On behalf of myself, my personal representatives, heirs, next of kin, spouse and assigns, I HEREBY:

1. Acknowledge that there is an intrinsic danger involved in working with glass at various temperatures, and that attending class and/or open studio sessions at the Chrysler Museum Glass Studio involves risks that may cause personal injury or death.
2. Voluntarily assume the risk and danger of injury or death inherent in the use of equipment and tools provided by the Chrysler Museum Glass Studio and its instructors. Including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.
3. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by The Chrysler Museum of Art and will govern my actions and responsibilities.
4. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including by not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, or actions of any kind which may hereafter occur to me THE FOLLOWING ENTITIES OR PERSONS: The Chrysler Museum of Art, the City of Norfolk and their employees, volunteers, representatives, agents, activity event holders and sponsors.
5. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph in regard to any and all liabilities or claims made as a result of participating in this activity or event, caused by negligence or otherwise. I acknowledge that The Chrysler Museum of Art and the City of Norfolk and their employees, volunteers, representatives, agents, activity event holders and sponsors are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a glass class on behalf of The Chrysler Museum of Art. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
6. I understand that at this event or related activities, my children and I may be photographed or filmed. I agree to allow our photos, video or film likeness to be used solely for the Chrysler Museum of Art's promotional purposes including website, and printed matter.

TURN OVER ▼

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT VOLUNTARILY AND KNOWINGLY.

SIGNATURE

DATE

Emergency Contact: _____
NAME RELATIONSHIP PHONE NUMBER

PARENT/GUARDIAN WAIVER/RELEASE FOR MINORS (Under 18 years old)

The undersigned or natural guardian does hereby represent that he/she is, in fact acting in such capacity, has consented to his/her child's participation in the activity or event, and has agreed individually and on behalf of the child, to the terms and to the Accident Waiver and Release of Liability set forth above.

PARENT PRINTED NAME _____

For Minor Child: _____

SIGNATURE

DATE