

# AdventuroUS Summer Program for Teens Registration

## Morning & Afternoon Sessions

Please select your top two choices. Youth will be admitted into one and placed on the waiting list for the second choice. We are doing 2 sessions daily for this Adventurous Summer Camp: **Morning Session 8am-12pm or Afternoon Session 12pm-5pm.** **Please check the box for what session you would like your teen to be a part of.**



- **Session 1: June 27th - July 8th** (Deadline June 15<sup>th</sup>)
  - (Morning Session) 8am-12pm
  - (Afternoon Session) 1pm-5pm
- **Session 2: July 11th - July 22nd** (Deadline July 2<sup>nd</sup>)
  - (Morning Session) 8am-12pm
  - (Afternoon Session) 1pm-5pm
- **Session 3: July 25th - August 5<sup>th</sup>** (Deadline July 18<sup>th</sup>)
  - (Morning Session) 8am-12pm
  - (Afternoon Session) 1pm-5pm

**Participant Name:** \_\_\_\_\_ **School Name:** \_\_\_\_\_  
**Grade** (as of Fall 2021): \_\_ **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:** \_\_\_\_\_ **City** \_\_\_\_\_ **State Zip Code** \_\_\_\_\_  
**Community / Housing Name** \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_  
**Youth Phone Number** \_\_\_\_\_

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

**Primary Guardian Name:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_

**Is your youth fully vaccinated?** Yes  No

**Do you receive free or reduced Lunch?**

**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 daily as part of the Spirit Week @ TWP, Spring Break Program 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 Summer @ TWP!

Dear Program Participant:



Congratulations you have been accepted into Teens With a Purpose Summer Program AdventuroUS! 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. During this week, we will be introducing the Get Real Curriculum. The *Get Real* emphasizes social and emotional skills as a key component of healthy relationships and responsible decision making. Information provided is medically accurate, age-appropriate and is shown to: Delay sex among middle school students who received Get Real, Empower parents to be the primary sexuality educators of their children and help their kids delay sex and Reinforce family communication and improve communication skills for healthy relationships

Here's what to expect:

- Small groups of up to 10 youth will be assigned to their "Houses" -dedicated space/leaders
- Each morning you will be greeting at the front entrance to register/check-in
  - You will be asked to verbally complete a COVID-19 Health Screening upon arrival daily
  - Weekly COVID-19 screening for staff and participants every Monday
  - Temperatures will be taken upon arrival
  - The majority of activities will be held outdoors. We will provide water, sunscreen and bug repellent. Please pack anything else that will make you comfortable.
  - TWP T-shirts are \$10 and can be purchased in the administrative office.

If your child is sick and experiencing any symptoms of COVID-19, please keep them at home and notify the administrative offices 747-2679. 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.

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. Your donations are welcome to help to ensure this free program continues.

**Completed waiver forms and additional information must be received 5 days before the start of your camp date**

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

Additional Waiver Forms

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](mailto:TWPMichelle@gmail.com) or ask for me, Deirdre Love, directly.

Be Inspired!

A handwritten signature in blue ink that reads "Deirdre A. Love".

Deirdre A. Love  
TWP Executive Director & Founder 757-757-2679 | [TWPDirect@gmail.com](mailto:TWPDirect@gmail.com) | [www.TWPTTheMovement.org](http://www.TWPTTheMovement.org)

# **AdventuroUS @ TWP**

Monday-Friday(ININSERT WEEK SELECTED) 8:30am - 5:30pm

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:**

Breakfast & Check-In

Get Real Curriculum

Lunch

Art Break

Field Trips

Dismissal (Students must leave/be picked-up promptly by 5:30pm)

## **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. TWP t-shirts may be purchased for \$10.00. TWP t-shirts are encouraged to be worn on field- trips.
7. 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.
8. 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.
9. Please pack a light sweater or blanket.
10. Please bring your own school issued computer and earbuds.
11. Please dress comfortably and appropriately for each day at Spirit Week. Revealing clothing and/or items with objectionable messages are not to be worn.
12. Please wear comfortable closed toe shoes for extracurricular activities.

# TWP Questionnaire

## 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

**Member Lives with:**  Mom  Dad  Step Mom  Step Dad  Grandparent  Foster **# of**

**Children under 18 years old in Home:** \_\_\_\_\_ **Adults in Home:** \_\_\_\_\_ **Do you**

**currently or have you lived in Tidewater Garden Park?**  Yes  No **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? Yes No

**Pick up/Drop off available at the following locations. Please Circle One.**

- Booker T. Washington HS
- Norview HS
- Northside MS
- 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 THEREFOR



## 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)

**Hoffler Creek Wildlife Foundation**  
**Participant Release of Liability and Assumption of Risk Agreement**

In consideration of the opportunity to rent or otherwise use equipment and/ or participate in events and activities offered by Hoffler Creek Wildlife Foundation (HCWF), I agree on behalf of myself and on behalf of all minors for whom I am parent or guardian, to the terms of this participation agreement, the waiver, and release.

I understand that there are risks, dangers, and Hazards inherent in the outdoor activities, use of watercraft, and services provided by HCWF. These risks include, but are in no way limited to, the risk of falling out of a canoe or kayak and being injured or killed, or being wet, cold, and uncomfortable. Risks and dangers may arise from foreseeable and unforeseeable causes such as the uncertainties of the creek or the weather, hazards in the creek, collisions while on the creek, or by the negligence of participant or employee, agent, or representative of HCWF. I understand that the description of these risks is not complete and that other unanticipated or unknown risks may result in injury or death.

By participation in these activities or use of equipment, I assume all risks and dangers and all responsibility for any losses and/ or damages caused in whole or in part by the negligence or other conduct of HCWF or by any other person.

I voluntarily agree on behalf of myself and on behalf of any minors in my group, my heirs, or representatives to release, waive, discharge, hold harmless, defend and indemnify HCWF from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise that may arise directly or indirectly from the activities or services provided by HCWF.

I hereby agree to return all equipment at the mutually set time, date, and location in the same condition as it was received. I agreed to take the kayak only on the waters discussed before the trip and will pay for any damages or recovery fees that may ensue. I and minors with me will wear a life jacket at all times on the water and will comply with all local and federal laws, pollution, and fire regulations. I understand that consumption of alcoholic beverages is unsafe for any water activity and is prohibited by HCWF. HCWF will refuse service for anyone who is intoxicated with no refund made. No glass bottles of any kind or styrofoam coolers are allowed on the creek.

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE HOFFLER CREEK WILDLIFE FOUNDATION FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I HAVE ALSO READ THE ATTACHED RULES AND AGREE TO ABIDE BY THEM.**

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Participants Signature	Print Name Date/Time Email
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Participants Signature	Print Name Date/Time Email <b>If Under 18:</b>
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Signature of Parent or Guardian	Print Minor's Name	Emergency Phone Number
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Signature of Parent or Guardian	Print Minor's Name	Emergency Phone Number
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**Emergency Contact:**

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Print Name	Address	Relationship	Phone Number
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\_\_\_\_\_ I hereby consent to and authorize HCWF to use and reproduce for any purpose whatsoever any and all photographs and videos of me and/ or the above signed taken during this event. All such photographs and videos are solely the property of HCWF.

**PLEASE READ AND COMPLETE ALL PARTS OF THE FORM (Pages 1 and 2)**

**\*\*Please Print Legibly\*\***

**PART 1 – REGISTRATION:**

Youth Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*First Middle Initial Last*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male / Female School: \_\_\_\_\_  
*Mo. Day Yr.*

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Phone #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Home Cell*

Parent/Guardian E-mail: \_\_\_\_\_

Health Concerns (Please identify any allergies (including foods), health problems, medications, or other health concerns):

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

Note: Anyone with severe allergies (i.e. food, plant or insect must bring their own medication and be able to self-administer it!

**PART 2 – CONSENT AND RELEASES:**

the undersigned, hereby give permission for the youth named above to participate in a youth boatbuilding program conducted by Tidewater oden Boat Workshop at their workshop located at the Norfolk Redevelopment and Housing Authority's Facilities Management complex at 910 allentine Blvd, Norfolk, VA. I understand that during the program, my child will use various wood working tools while building a 14-foot long wooden boat and that he/she will then be given the opportunity to row the boat on the water at the end of the program.

nderstand that the people who serve as instructors/guides in the program are adult staff/volunteers who have been carefully screened by the organization.

**umption of Risk.** I understand that boatbuilding, working with tools (both powered and non-powered), and rowing are activities that involve risk of serious bodily injury to participants. I acknowledge and assume the risks and responsibilities involved in these activities and/or in participating at these facilities. I assume these risks fully realizing the capabilities of the youth participating in this program.

**Next Page** 

**Medical Treatment.** In consideration of the above named youth's participation in the activity and/or the facilities provided by and through Tidewater Wooden Boat Workshop, I hereby authorize Tidewater Wooden Boat Workshop to provide all necessary medical attention should the youth participant who I represent be injured while participating in or while being transported to and from program activities. I hereby release and never discharge Tidewater Wooden Boat Workshop and Norfolk Redevelopment and Housing Authority from any claim which arises, or may hereafter arise, out of any first aid, treatment or service rendered in connection with program activities.

**Release and Waiver.** I hereby exempt and release Tidewater Wooden Boat Workshop its staff, volunteers, or any representatives of that organization, the City of Norfolk, or Norfolk Redevelopment and Housing Authority from all liability and responsibility for personal injury, property damage or wrongful death, however caused, including, but not limited to, product liability or the negligence of the released parties whether passive or active, to the youth participant named above, their heirs or assigns that may occur as a result of participating in this program. I also consent to the sharing of information between Tidewater Wooden Boat Workshop and Norfolk Redevelopment and Housing Authority relevant to my child's participation in the program.

**Media Release.** I hereby consent to the reproduction, publication and use of photographs (still and/or video) taken of my child by Tidewater Garden Boat Workshop, Norfolk Redevelopment and Housing Authority, or any other public or private media / news organization for advertising, promotion, and/or publicity purposes in any and all media, publications, advertisements and publicity materials without limitation or reservation. I do consent to the reproduction, publication and use of any testimony or copy written about my child that may accompany said photographs or stand alone in any and all publications, advertisements and publicity materials, without limitation or reservation.

**Part 3 – AFFIRMATION and SIGNATURE:**

**By affixing my signature below, I affirm that:**

I have read, understand, and agree fully to the terms and conditions listed in this form.

I am the parent or legal guardian of the youth participant listed on the front of the form.

I hereby give my permission for him/her to participate in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Youth Participant: \_\_\_\_\_

**NOTE TO PARENT OR GUARDIAN:**

**FOR THE SAFETY REASONS, PARTICIPATING STUDENTS MUST FOLLOW THE FOLLOWING CLOTHING GUIDELINES:**

NO LOOSE FITTING CLOTHING, NECKLACES, BRACELETS, OR WATCHES

WEAR OLD CLOTHES THAT YOU WOULDN'T MIND IF PAINT OR GLUE GOT ON THEM.

WEAR CLOSED TOE SHOES. NO OPEN TOE SHOES, SANDALS OR FLIP FLOPS

LONG HAIR / EXTENSIONS MUST BE TIED BACK BEHIND THE HEAD.