

Consent for BAM + Sports Edition Services

Youth Guidance (YG) and World Sport Chicago (WSC) would like your son to enroll and participate in the school-based Becoming A Man + Sports Edition (BAM +) program (the “Program”) during this school year. As determined in the attached Welcome Letter, your son has been assigned to one of three Program groups: BAM (group and individual counseling), Sports Edition (afterschool supervised sports instruction), or BAM+ (a combination of both counseling and sports). Your son will not be permitted to switch groups, but their participation in any of the activities is completely voluntary.

YG and WSC want to inform you of our practices and requirements, as well as your rights as a parent and your son’s rights as a participant, for all three groups. This page will explain these expectations and the information we need from you and the next page will ask for your consent for your child to participate, your acknowledgement of our policies and your rights and your release of responsibility.

The Consent and Release Signature Page (page A) should be returned as soon as possible to the YG BAM Counselor at your child’s school so your child can start in the program. Your consent will last until the end of the current school year (2009 – 2010).

Sharing Information about Your Child

We may need to tell other school staff and social service partners that your child is participating in the Program or tell them about his attendance in the Program. The Program staff may also need to tell certain school staff about your child’s progress.

You have the right to look at any of the information that YG or WSC gives the school, and the right to take away consent at any time by notifying the BAM Counselor. However, if you decide not to give consent for this information to be shared with the school, YG and WSC may not be able to provide your child with further services as part of the Program.

Requesting Information about Your Child

Occasionally the BAM Counselor may need to collect grades, attendance and other academic records from the school. This information will be used by the BAM Counselor to see if there are ways that we can help your child do better in school. It will be kept private.

Keeping Records of Youth Guidance Services

YG is required to keep records of services provided. These records will be used to make sure the Program is of high quality. These records will be kept private – they will not identify you or your child personally in any way except when you provide your permission or as allowed by HIPAA Privacy Practices (see attached “*Youth Guidance Notice of Privacy Practices/Statement of Student Rights*”).

Client Rights for BAM Counseling Services

Your child has the right to fair and professional treatment by YG. You have the right to file a grievance if you do not feel that your child has received proper treatment by a YG staff member or service provider. Please review the Student Rights in the “*Youth Guidance Notice of Privacy Practices/Statement of Student Rights*” and the “*Youth Guidance Grievance Procedure*” in this packet for more information on these YG policies.

Client Rights for Sports Edition Services

Your child has the right to fair and professional treatment by WSC. You have the right to file a grievance if you do not feel that your child has received proper treatment by a WSC staff member or service provider. To discuss the procedure for filing a grievance, contact the Youth Guidance BAM Counselor at your son’s school. The Counselor’s name and contact information can be found in the Welcome Letter.

Dietary Restrictions

During the Program, your son may be served snacks, lunch or other food or beverages. If your son has any food allergies or other dietary restrictions, you must list them on the attached form.

Medical Release

Participation in the Program may involve running, jumping or other strenuous physical activity which could result in injury to your son. If you are aware of any medical condition which might increase the risk of injury to your son, you must list the condition in the space provided on the attached form.

In case of any illness or injury that may occur during the Program, a YG or WSC staff member may provide treatment, or may admit your son to the hospital or other medical facility for diagnosis and treatment of any illness or injury as reasonably necessary. We will also have physicians, dentists and other licensed health care practitioners to perform any diagnostic procedures (including, without limitation, x-ray, CAT scan and/or MRI), treatment procedures and operative procedures which they believe necessary for the benefit, safety or well-being of your son as a result of his involvement in the Program. However, there is no guarantee as to the results of any such examination or treatment. We request your authorization to get your son the most appropriate medical services listed above. You will be financially responsible for all expenses associated with provision of medical care for your son.

If you cannot be reached in the event of an emergency, we request that you authorize any YG BAM Counselor or WSC Coach to make any medical decisions and grant permissions and authorizations regarding diagnosis and treatment of your son on your behalf.

If you choose not to provide authorizations for these medical releases, your son may not be able to participate in the Program.

Transportation

The Sports Edition and BAM+ activities will require after school practices and occasional weekend events or meets. If such practices, events or meets do not take place at your child’s school, the Program will provide bus transportation to and from the school. Transportation of your son to and from his school or other designated pick-up and drop off point (the “Bus Stop”) will be your responsibility. If (i) anyone other than yourself will be picking up your son from the Bus Stop, you will provide the name of the authorized person(s) on the attached form or (ii) your son is authorized to leave the Bus Stop by himself you will need to indicate that on the attached form.

Consent to Use of Your Child’s Artwork or Other Assignments

Occasionally during the Program, your child may create some artwork, piece of writing, or other assignment. We request your consent to use this material or copies of it in connection with YG or WSC publicity or advertising.

Photo/Media Release and Terms of Consent

In consideration of your son’s selection as a participant in the Program, we request that you grant consent to YG, WSC, our contractors, consultants, related entities or the news media to photograph, film, audio tape and/or interview your son in relation to his participation in the Program. Further, we request you grant YG and WSC the rights to unlimited use of your son’s photograph, likeness or voice in promotional materials, in the news media, or on the internet now or in the future. Your son may be identified by first name, grade and/or school only, for confidentiality purposes.

By providing consent for photo/media release you release and hold harmless YG, WSC, their employees, Boards of Directors, contractors, and volunteers from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of your son’s photograph, likeness or voice on television, radio, or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

No monies or other consideration in any form, including reimbursement for any expenses incurred by you or your son, will become due to you or your son at any time because of your son’s participation in any of the above activities or the above-described use of your son’s photograph, likeness, or voice.

No Compensation

The Program does not involve any compensation for participation in any of the above activities. You and your son will not receive any money for being part of the Program and there will not be any reimbursement for expenses related to his participation.

Release of Responsibility

YG and WSC and our employees, coaches and other agents will not be held responsible for any losses, costs, claims, expenses, demands, damages or liability arising from your son’s participation in the Program (including, without limitation, anything relating to medical expenses, the use of your son’s image and/or voice and any other thing relating to or arising from such participation) or the terms of this Consent for Services and Release.

For More Information

If you have any questions about the Program or these policies and consents, please talk to the YG BAM Counselor at your child’s school. You may also contact the Youth Guidance Privacy Officer, Wendy Fine, at 312-253-4900 or by email at wfine@youth-guidance.org.



- *Your signature for Consent for Services and Release is requested on the next page.*
- *Please keep these pages for your records.*



**Becoming A Man – Sports Edition
Parent/Guardian Consent for Services and Release
SIGNATURE SHEET**

Please complete the **front and back of this page** and return it to your child's BAM Counselor as soon as possible.

I, _____, the Parent/Legal Guardian of
Print Parent/Legal Guardian Name

_____, a student at _____,
Student Name School

consent to have my son participate in the Becoming A Man + Sports Edition program (the "Program") being conducted by Youth Guidance (YG) and World Sport Chicago (WSC). I understand that my son will be involved in one of three assigned program options: group and individual counseling (BAM), afterschool supervised sports instruction (Sports Edition), or a combination of both (BAM+). My son will not be allowed to switch from the group to which he was assigned, however participation in any of the activities is strictly voluntary.

I have read the attached Welcome Letter and the Parent/Guardian Consent for Services and Release documents. I understand the information in these documents and have had any questions answered.

I give YG and WSC permission to tell school staff and social service partners that my son participates in the Program and give details of his attendance record in the Program. I also give YG and WSC permission to talk with certain school staff about my child's progress and request grades, attendance and other academic records from the school.

I understand that as a part of services provided, my son's YG BAM Counselor is required to keep records documenting the services provided. I give my permission for YG to use these records to ensure the quality of programming.

I understand that during the Program, YG or WSC may serve snacks, lunch or other food or drinks to my son. My son has no food allergies or dietary restrictions other than those I am providing below (if any).

I understand that participation in the Program may involve running, jumping or other strenuous physical activity which could result in injury. I am unaware of any medical condition which might increase the risk of injury to my son, or I have listed the medical condition(s) in the space provided on this form.

I hereby authorize YG, WSC, or their designee, to provide treatment to my son for any illness or injury that may occur during the Program, and further authorize YG, WSC, or their designee, to admit my son to the hospital or other medical facility for diagnosis and treatment of any illness or injury as reasonably necessary during the Program. I hereby request and authorize physicians, dentists, and other licensed health care practitioners to perform any diagnostic procedures (including, without limitation, x-ray, CAT scan and/or MRI), treatment procedures and operative procedures which they believe necessary for the benefit, safety or well-being of my son. I hereby acknowledge that I have not been given any guarantee as to the results of any such examination or treatment. I agree to be financially responsible for all expenses associated with providing medical care for my son.

In the event that I cannot be reached in the event of an emergency, I hereby authorize any YG or WSC staff member to make any medical decisions and grant permissions and authorizations regarding diagnosis and treatment of my son on my behalf.

If my son is participating in the Sports Edition or BAM+ Program options, I understand that my son will be involved afterschool practices and occasional weekend events or meets. The Program will provide bus transportation to and from the meets or events. I accept responsibility for the transportation of my son to and from his designated pick-up and drop off point (the "Bus Stop") and: (i) if anyone other than myself will be picking up my son from the Bus Stop, I have provided the name of the authorized person(s) on this form or (ii) if my son is authorized to leave the Bus Stop by himself I have so indicated below.

I acknowledge and agree that no money or compensation in any form will be given for my son's participation in the Program, including reimbursement for any expenses incurred by me or my son.

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Consent for Services and Release Signature Page continued

I hereby release YG, WSC and their employees and other agents, from responsibility and hold them harmless from any and all losses, costs, claims, expenses, demands, damages or liability arising from my son's participation in the Program (including, without limitation, anything relating to medical expended, the use of your son's image and/or voice and any other thing relating to or arising from such participation) or the terms of this Consent for Services and Release.

Please check the boxes below based on your consent or acknowledgement:

Yes No

I have been given a copy of and I understand the "YG Notice of Privacy Practices/Statement of Student Rights" and the "Youth Guidance Grievance Procedure." I understand that my child has the right to fair and professional treatment and that I have the right to file a grievance if I do not feel that he or she has received that treatment.

I have read the full "Photo/Media Terms of Consent" on this Consent for Services and Release.
 I consent to have my child photographed, video taped, audio taped and/or interviewed by YG or WSC staff, related entities, or the news media while my child is under the supervision of the Program staff. I also give consent for YG and WSC to use my child's photograph, likeness or voice in promotional materials, in the news media, or on the Internet. I understand that my child may be identified by first name, grade and/or school only, for confidentiality purposes.

I give permission to YG and WSC for the publication, copying, and use of artwork or other assignments done by my child. This artwork or other materials may be used at any time for publicity or advertising of YG or WSC and their services.

This consent is in effect until the end of the current school year (2009 – 2010).

_____ Print Name of Parent/Legal Guardian	_____ Print Full Name of Student	
_____ Parent/Legal Guradian Signature	_____ Date	
_____ Address of Parent/Legal Guardian	_____ City	_____ Zip Code
_____ Parent/Legal Guardian Home Phone Number	_____ Cell Phone Number or Emergency Number for Parent/Legal Guardian	
_____ Name and Phone Number of Person to Notify if Parent/Guardian is Unavailable		
_____ Additional person(s) with authority to pick up your child	_____ Relationship to your child	
Does your son have permission to leave the Program or the Bus Stop without an authorized adult?		
_____ Yes _____ No		
List Existing Medical Conditions or Medical Allergies(if any) Below: _____ _____		
List Food Allergies or Dietary Restrictions (if any) Below: _____ _____		
Provide Medical Insurance Provider and Policy Number Below: _____		

 Youth Guidance BAM Counselor Signature

 Date