youth odyssey

PO Box 331394
Corpus Christi, TX, 78463
(361) 946-6016
(361) 793-9691
(361) 739-3724

Youth Application

Name _____

Street _____ City _____ State ____ Zip _____

Phone Number: _____ Birthdate: _____ Age: _____ Sex: M F

Youth Education Information

Current or last school attended: _____ Are you currently enrolled?: Yes No

Are you Currently employed?: Yes No Employer Name: _____

Can we call you at your place of employment? If yes, phone # _____

Parent or Guardian Information

Mother _____ Father _____

Guardian Email _____

Day Ph : _____ Evening Ph: _____ Day Ph : _____ Evening Ph: _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Please indicate ethnic origin. Responding is optional. Circle the one that best describes you: Native American Hispanic African American Caucasian Asian Other

Can you swim? _____ *If yes:* ____ *Beginner* ____ *Intermediate* ____ *Competitive*

I agree to abide by the rules, policies guidelines of Youth Odyssey. I give permission for Youth Odyssey and or its Grantors to use my name and/or picture in any materials and/or press releases. Please list alternative people to the mother and father listed above who have your permission to pick up the youth after a Youth Odyssey activity.

_____ _____
Name- Please Print **Name- Please Print**

_____ _____
Signature of Applicant **Date**

_____ _____
Signature of Parent or Guardian **Date**

Youth Odyssey, Inc.

CORPUS CHRISTI PARKS& RECREATION

CITY OF CORPUS CHRISTI –PARKS AND RECREATION DEPARTMENT
78415 COMMUNITY YOUTH DEVELOPMENT
PHOTO RELEASE FORM

Community Youth Development Program 78415 CYD

As a participant in the Community Youth Development program, we would like to take pictures of shining examples of youth leaders to show the community all the great work these youth are engaging in. In order to do this, we need your consent.

Pictures may be used in making a presentation of the events youth participated in, for our news bulletins, our CYD Teen Summit web page and for purposes of seeking future funding to keep these types of events available for young leaders! Since your child is a participant in the local CYD Project, we would like your permission to use any pictures in which your child appears. (Youth participants are never identified by full name in such presentations and their situations, which are disguised to protect confidentiality, and are never linked to the pictures.) To give your permission for use of your child's picture, please sign the permission form below.

I authorize the City of Corpus Christi, Texas ("City") and its agents or employees to take photographs, video, and other media ("photographs") for promotional purposes of every description, including but not limited to, publications, brochures, newsletters, and magazines, and to use the photographs on display boards, and on television, and to use the photographs in electronic versions of the same publications or on City web sites or other electronic forms or media, and to offer them for use for distribution in other non-City publications, electronic or otherwise, without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the City and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on web sites, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reducing or producing the finished product, its publication or distribution.

As parent/guardian of _____, I grant my permission for the City of Corpus Christi staff to use my child's photo in a presentation designed for publicity purposes for the City of Corpus Christi and the CYD Program and understand that any picture taken or used belongs to the City of Corpus Christi.

_____ _____

Youth's Signature Date

_____ _____

Parent or Guardian's Signature Date

PREVENTION AND EARLY INTERVENTION (PEI) DIVISION
CLIENT REGISTRATION FORM
(*INDICATES REQUIRED FIELD)

Program: COMMUNITY YOUTH DEVELOPMENT (CYD)

Subcontractor **Youth Odyssey**	Name of Person Completing Intake	Staff Assigned to Family		Data Entry Staff Name	Data Entry Date
Registration ID#	Client ID #	Registration Start Date	Service Start Date	Contract ID # **24426873**	Contract Workflow **CYD**

AUTHORIZATION FOR SERVICE

I have been provided information on the referenced Prevention and Early Intervention Program and wish to receive services. I understand that data on my youth/family will be collected, maintained, and entered into a secure database. The information will be utilized to track services for evaluation purposes and to ensure quality services are being provided. I hereby authorize my youth/family to participate in the program.

Signature _____ Printed Name of Parent or Guardian _____

Target Client's Name _____ Date _____

TARGET CLIENT INFORMATION

***First Name:**			Middle Name:
***Last Name:**			Suffix: ☐ II ☐ III ☐ IV ☐ JR ☐
***Date of Birth:**	**Age:**	**SSN:**	***Gender:** ☐ Male ☐ Female
Primary Phone:	Ext.:	Primary Email:	

***Hispanic Origin** (select only one): ☐ Hispanic ☐ Non-Hispanic

***Race** (select all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White

TARGET CLIENT- PRIMARY ADDRESS

***Address 1:**	**Apt#:**	Address 2:	
***City:**	***State:**	***Zip Code:**	***County**

Colonia:

TARGET CLIENT-OTHER INFORMATION

Disability Status: ☐ YES ☐ NO ☐ UNKNOWN | Homeless Status: ☐ Yes ☐ No

Education Level: ☐ Pre-K/Kinder ☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade ☐ 6th Grade ☐ 7th Grade ☐ 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade

PRIMARY CAREGIVER INFORMATION

***First Name:**	Middle Name:
***Last Name:**	**Suffix:** ☐ II ☐ III ☐ IV ☐ JR ☐ SR
***Date of Birth:**	***Gender:** ☐ Male ☐ Female
Primary Phone: **Ext:**	**Primary Email:**

***Relationship to Target Client:** ☐ Parent ☐ Foster Parent ☐ Stepparent ☐ Grandparent ☐ Aunt/Uncle ☐ Cousin ☐ Sibling ☐ Other

***Hispanic Origin (select only one):** ☐ Hispanic ☐ Non-Hispanic ☐ Unable To Determine

***Race** (select all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White

Disability Status: ☐ Yes ☐ No ☐ Unknown | Homeless Status: ☐ Yes ☐ No

Primary Language Spoken in the Home: ☐ English ☐ Spanish ☐ Vietnamese ☐ Chinese ☐ Other

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single, Never Married

Education Level: ☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade ☐ 6th Grade ☐ 7th Grade ☐ 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade ☐ Non-Graduate ☐ Graduated H.S./GED ☐ Some College ☐ College Grad ☐ Post Graduate

Military Status: ☐ Active Duty ☐ Active Reserve ☐ Inactive Reserve ☐ No Military Service ☐ Retired ☐ Veteran ☐ National Guard

Current Living Situation: ☐ Emergency Shelter ☐ Living Independently ☐ No Stable Living Environment ☐ Psychiatric Hospital ☐ Relative's Home ☐ Secure Facility Detention Center ☐ Structured Substitute Care ☐ Transfer from Other Shelter ☐ Unstructured Substitute Care ☐ With Biological or Adoptive Parents ☐ With Legal Guardian

SECONDARY CAREGIVER INFORMATION

***First Name:**	Middle Name:	***Last Name:**
***Date of Birth:**	Suffix: ☐ II ☐ III ☐ IV ☐ JR ☐ SR	***Gender:** ☐ **Male** ☐ **Female**
Primary Phone:	Ext.:	Primary Email:

***Hispanic Origin (select only one):** ☐ Hispanic ☐ Non-Hispanic ☐ Unable To Determine

***Race** (select all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White

Disability Status: ☐ Yes ☐ No ☐ Unknown | **Homeless Status:** ☐ Yes ☐ No

Military Status : ☐ Active Duty ☐ Active Reserve ☐ Inactive Reserve ☐ No Military Service ☐ Retired ☐ Veteran ☐ National Guard

ADDITIONAL FAMILY MEMBERS IN HOUSEHOLD

*First Name	Middle Name	*Last Name	Suffix	*Gender	*Relationship to Client

Persons to notify in the event of a medical emergency:

1. Name/relationship/Ph#_____

2. Name/relationship/Ph#_____

Is the camper covered by family medical/hospital insurance? Yes No

If yes, indicate Insurance Carrier:_____ Policy Number:_____

Policy Holder's Name:_____Relationship to participant_____

Policy Holder's Insurance ID #:_____Insurance Ph #_____

Medications and health history:

Will participant be taking medications while away from home? Yes No
(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If participant will be taking medications while in Youth Odyssey's care, please list all (prescription and non-prescription). Include the medication name, dosage instructions, prescribing physician, and reason for taking. Use an additional sheet if needed. Please provide all medications in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

Medication:_____ Dosage_____Take at what times_____

Reason for Prescribing:_____Physician_____Phone_____

Medication:_____ Dosage_____Take at what times_____

Reason for Prescribing:_____Physician_____Phone_____

Special Instructions or Considerations for Minor Illness:

_____

Special Dietary Needs:

_____

Physical Activities to be Limited or Restricted While Away From Home:

_____

Does your child have any allergies: Y N
My child is allergic to:
1. Hay Fever___ 2. Poison Ivy/Oak____ 3. Insect Stings_____ 4. Food_____ 5. Penicillin__
6. Other Drugs____ 7. Other List allergy_____
Describe reaction and treatment:

Does the participant have a history of or is the participant prone to any of the following:
(Please check all that apply)

__Recent injury, illness or infectious disease	__Chronic or recurring illness	__Asthma
__Homesickness	__History of Bedwetting	__Sleepwalks
__Nightmares / Night Terrors	__Frequent Ear Infections	__Seizure Disorder or Convulsions
__Dizziness during or after exercise	__Chest pain during or after exercise	__Heart Defect/Disease
__Hypertension	__Bleeding/Clotting Disorders	__Diabetes
__Mononucleosis (in last 12 months)	__Chicken Pox	__Measles
__German Measles	__Mumps	__Tuberculosis
__Hepatitis	__Joint problems (knees, ankles)	__Fractures
__Frequent Headaches	__Head Injury	__Psychiatric Treatment
__Eating Disorder	__Diarrhea or constipation	__Frequent Stomachaches
__Wears glasses or contacts	__Been Hospitalized	__Wears a Medic Alert ID

Please provide an explanation for any of the checked items:

_____

_____

The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations, which should be known to Youth Odyssey staff and medical personnel. I give Youth Odyssey staff permission to administer routine health care if necessary. In the event of an emergency medical situation, I give my consent for my child to be treated in a licensed hospital/clinic by a licensed physician should the condition require it in my absence. I understand that reasonable attempts will first be made to contact me by Youth Odyssey staff with time and conditions permitting.

In the event that the minor for whom you are signing below has experienced or is experiencing any condition, disability, or illness that you, to any extent, know, believe, suspect, or contemplate may, in any way whatsoever, impair the minor's or others' ability to participate in any Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events, or to perform any task or act required or ordinarily occurring during any Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events **immediately Notify** the person or persons directing or responsible for the Youth Odyssey, Inc. event, activity, school, outing, climbing, or related activities and events of such condition, disability, or illness.

Sign here to indicate that you have read the above and will notify the appropriate person or persons of any limiting condition, disability, or illness.

_____ Date:_____

Parent or Guardian Signature

All participant information will be kept confidential and will only be made available to Youth Odyssey staff and emergency medical personnel (if required).

Release, Acknowledgement of Risk, Waiver of Liability, and Indemnification Agreement

For in and consideration of my participation on the climbing wall, challenge games, Ropes courses and an Adventure Wilderness Trip during the Adventure Challenge Program I hereby recognize that participation is voluntary. I understand that Youth Odyssey, Inc. could not offer this type of activity unless it took steps to protect itself and those associated with Youth Odyssey, Inc. from liability, and that is the purpose of this form. Participant expressly agrees and understands that Youth Odyssey, Inc., project members and all landowners shall not be liable in any way whatsoever for any injury, damage, loss, accident, delay, death, substitution or irregularity with respect to persons or property occasioned by any cause whatsoever arising out of or in connection with the ropes course or wilderness activities.

I recognize that participation in the ropes challenge course activities includes walking on cables, pine boards, telephone poles and uneven ground and supporting other participants' body weight as a function of maintaining sage participation. I understand that this activity will include vigorous exercise in which there are inherent risks. These risks for both the ropes course and the adventure wilderness activity include by way of illustration: the risk of sprains, broken bones or strains from hikes, animal confrontations, motor vehicle accidents, getting lost, as well as other risks not listed. I understand that I must pay for my own medical and/or evacuation expenses should either be needed whether or not authorized by me.

For the same consideration and without conflict with the foregoing, Participant hereby releases and discharges Youth Odyssey, Inc., and all landowners, their officers, employees, agents and their heirs, successors and assigns, both in their official and individual capacities, jointly and severally, from any actions, causes of action, claims demands, costs and expenses on account of or in any growing out of any and all loss of personal property as the result of any accident, delay or irregularity which may be caused neither in whole or in part by any defect in any vehicle, airplane, vessel, or negligent operation there of or through any act omission or default of any company or person, or by reason of the condition or use of any real or personal property while Participant is en route to or from or participating in the activity or occasioned by it.

If nonetheless I shall seek to pursue and dispute with Youth Odyssey, Inc. it will be submitted to mediation. If the claim cannot be resolved by mediation the claim shall be submitted to binding arbitration, which will take place in Corpus Christi, Texas and shall be governed by the laws of Texas and rules of the American Arbitration Association.

Participant further promises to bind himself/herself and all heirs, administrators and executors to indemnify and forever hold harmless Youth Odyssey, Inc., and all landowners, their officers, and employees against loss, damage, or expense to Participant that may at any time be made or brought against any and all of said parties because of any accident or occurrence while Participant is en route to or from or participating in any activity related to the activity or occasioned by it.

I, the parent/guardian of the participant whose signature appears below give my consent for emergency medical and/or surgical treatment in a licensed hospital/clinic by a licensed physician should the condition require it in my absence. I understand that in such a case, reasonable attempts would be made first to contact me by Youth Odyssey, Inc. staff with time and conditions permitting. I further agree that I will be responsible for the entire cost of the same.

Participant acknowledges the right of the staff of Youth Odyssey to terminate the Participant's relationship with the activity at anytime and for whatever reason.

_____	_____	_____
Parent or Guardian Signature	Date	Name of Child

Youth Odyssey Activity Rules and Expectations

Youth Odyssey is a program dedicated to the personal growth of young people as well as the conservation and preservation of the environment. To ensure the best possible outdoor programming and our own personal safety we must follow a few basic rules and expectations.

1. All youth participants will be supervised by Youth Odyssey staff or adult volunteers during all activities
2. All problems or concerns from youth should be directed to an adult volunteer or Youth Odyssey staff initially. Youth Odyssey staff will provide all crisis management and/or redirection. If the problem persists, Youth Odyssey staff and volunteers will make a collective decision on how best to resolve the situation.
3. Always be sensitive to our environment. Please put all trash, no matter how small it may be in its proper place. Before leaving a work area, campsite, or rest area participants will do a final check of the area for any trash left behind.
4. Always be respectful towards other participants. There will be no fighting, arguing, or inappropriate language during Youth Odyssey programs. There will be no horseplay while traveling in vehicles or anywhere else during a Youth Odyssey program.
5. Weapons are prohibited during Youth Odyssey programs. Any participant found to have a weapon will be dismissed from the program and could be barred from all future Youth Odyssey programs.
6. Alcohol and drugs are prohibited during Youth Odyssey programs. Any participant found to have alcohol and/or drugs will be dismissed from the program and could be barred from all future Youth Odyssey programs. In addition, the participant may be turned over to local authorities.
7. All electronics will be turned into Youth Odyssey staff on arrival to our destination.
8. In case of an emergency follow the directions given by Youth Odyssey staff and stay calm.

_____ _____

Parent or Guardian Signature Participant Signature