



2010-2011 Velocity VETS Fall Registration Form

STUDENT – please complete this section.

your name: _____ gender: male
(Put your first [name you want to be called] and last name only – no middle name needed, unless you go by that name) female

circle your grade during the **2010-2011** school year: _____ 9th
(If you are not in 9th grade for the 2010-2011 school year, you have the wrong form. Velocity VETS is for 9th graders only!!!)

high school during the **2010-2011** school year: _____ date of birth: _____

Were you ever in Velocity in middle school? YES / NO Are you on facebook? YES / NO

home phone #: _____ your cell #: _____

your e-mail address: _____

address: _____ city: _____ state: _____ zip code: _____

name(s) of parent(s) you live with (first & last names): _____

How did you find out about Velocity VETS? _____

Where do you attend church? _____

circle your t-shirt size: Youth Medium (10-12) Youth Large (14-16) Adult Small Adult Medium Adult Large Adult XL Adult 2XL

We'd love to let your Grandparents know about the incredible stand you have decided to make through Velocity VETS, and we'd love to tell them more about this awesome organization you are a part of! Please list for us your Grandparents' names & mailing addresses:

1. name(s): _____ 2. name(s): _____

address: _____ address: _____

city / state / zip: _____ city / state / zip: _____

Both new & returning members – please write a paragraph (4-5 sentences or more) to answer the following two questions:

1. Please explain why you would like to be in Velocity VETS this year:

2. Please explain why you want to sign the Velocity VETS Contract, pledging to be a drug-free, sexually-abstinent role model this year:

PARENT GUARDIAN – please complete this section.

your name: _____ your cell #: _____

your e-mail address: _____

your relationship to this student: _____

Please write your initials beside the V-Day that your student will attend:

_____ **V-Day #1 – Sat, August 21** (V-Day is from 9:00am-4:30pm; Parents' meeting 3:30pm-4:30pm)
Deadline to sign-up for V-Day 1 is Thursday, August 12.

_____ **V-Day #2 – Sat, Sept. 18** (V-Day is from 9:00am-4:30pm; Parents' meeting 3:30pm-4:30pm)
Deadline to sign-up for V-Day 2 is Thursday, September 9.

The **fees for participation during the 2010-2011 school year amount is \$75*** and **must be paid PRIOR TO** your student's arrival at V-Day. If you have any questions, concerns, or need any assistance, please contact our office at 706/322-6186.

Super-early bird rate of \$45 applies only if completed registration forms & fees are submitted no later than **May 20.
Early-bird rate of \$60 applies only if completed registration forms & fees are submitted no later than **August 12**.
The final registration fee of \$75 applies for all registration forms & fees submitted after **August 12**.*

Please answer the following questions by circling either "YES" or "NO":

YES / NO Do you understand that it is **mandatory** for your student to attend the **entire** V-Day of your choice, and that students are not allowed to arrive late or leave early from V-Day?

YES / NO Do you understand that it is **mandatory** for at least one Parent / Guardian to attend the one-hour Parents' Meeting at the close of the V-Day you choose?

YES / NO Do you understand that the following is due – completed & signed by you, the Parent / Guardian – in order for your student's registration to be completed?

- 1. Legal Release / Media Release / Medical Consent Form**
- 2. Full Registration Payment**

(\$45 if paid by May 20. \$60 if paid by Aug 12. \$75 after Aug 12.)

YES / NO Do you understand that **SCHOLARSHIPS** are available for students & families dealing with financial hardships?

YES / NO Do you understand that all payments are **non-refundable**?

Please sign below confirming that you have thoroughly read through all of the information contained in this Registration Packet and that you have completely filled out and signed all of the enclosed forms.

Parent / Guardian signature: _____ today's date: _____

Your student's activities fees cover ALL of his/her Velocity Activities for the ENTIRE year! None of the money you pay for their fees goes toward our staff salaries or operating expenses. We have made the cost of joining Velocity VETS as low as we can, because we don't want a lack of money to hinder ANY student from joining this life-changing program!

We are a non-profit organization, however, and we operate entirely on donations. If you would be willing to make a contribution of any amount to help offset the costs to provide this program, we would be VERY grateful! Your donation will be used to help provide partial scholarships for other students from families experiencing difficult financial circumstances.

Simply add this donated amount on top of your student's activities fees, and we'll send you a tax donation letter for the extra amount donated!

*On my check is an additional _____\$20 _____\$50 _____\$80 _____\$100 _____\$150 _____ other: \$_____

**thank
you!**

LEGAL RELEASE OF TEEN ADVISORS, INC.

We/I the undersigned, individually and as parent(s)/guardian(s) of the child listed below, do hereby consent to our/my child's participation in the various activities of Teen Advisors, Inc. (which includes both the Teen Advisors and Velocity programs). In giving this consent, We/I acknowledge and realize that activities planned and/or sponsored by Teen Advisors, Inc. may include, by way of illustration, weekend retreats at locations outside of Columbus, Georgia, events which could include such activities as team-building activities on low ropes & high ropes courses, rock-climbing, rappelling, water-skiing, inner-tubing, swimming, overnight activities, cookouts, sporting events, and recreational activities. We/I consent to my child's participation in such activities or activities similar to them. As appropriate and necessary, We/I agree that my child can be transported to and from such activities by organizers and volunteers of Teen Advisors, Inc.

We/I realize that in participating in the afore-described activities, there is the possibility that my child may be injured despite efforts by Teen Advisors, Inc. to make activities reasonably safe. In consideration of the time and effort provided by Teen Advisors, Inc. in the planning, supervision, transportation, chaperoning, and administration of programs and activities sponsored by Teen Advisors, Inc., We/I hereby release and discharge the organizers and volunteer helpers of Teen Advisors (including, but not limited to those individuals named on Exhibit "A" hereto), its agents, Board of Directors, employees, and officers from any and all claims, lawsuits, demands, or damages, which We/I might have (or which my heirs, executors, administrators, or assigns might have or claim to have) against Teen Advisors, Inc. for any and all personal injury or injuries caused by or arising out of my child's participation in the afore-described activities. We/I fully understand that this release is intended to protect Teen Advisors, Inc. from any lawsuits or claims which We/I might otherwise be able to assert on behalf of my child or myself for negligence committed by organizers or volunteers of Teen Advisors, Inc., or for accidents or injuries which may occur during the afore-described activities.

In the event that my child participates in activities of Teen Advisors, Inc., Teen Advisors, Inc. may assume that my child participates with my knowledge, consent, and permission. We/I expressly relieve Teen Advisors, Inc. from informing me of my child's participation in activities sponsored by Teen Advisors, Inc. We/I fully assume responsibility of knowing when and if my child is participating in activities sponsored by Teen Advisors, Inc.

We/I and Teen Advisors, Inc. hereby agree that all claims, demands, disputes, or controversies of every kind or nature that may arise between We/I and Teen Advisors, Inc., shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association.

In the event that We/I wish to withdraw or nullify this release, We/I shall do so in writing to Teen Advisors, Inc., P.O. Box 5305, Columbus, GA 31906. We/I have read this release and execute it voluntarily. We/I have also read the informational letter entitled "Teen Advisors/Velocity Registration Packet" and understand it in its entirety.

Your child's name: *(please print)* _____

Parent/Guardian's name: *(please print)* _____

Parent/Guardian's signature: _____ date: _____

Witness name: *(please print)* _____

Witness signature: _____ date: _____

Exhibit "A" includes, but is not limited to Richard Stephens, Dee Dee Stephens, Nick Cash, Dianna Cash, Susan Barnes, Debbie Smith, Janet Sussenbach, Amanda Smith, Kaci Lesley, Jay Lesley, Carey Bray, Anna Bray, Aaron Wall, Leah Carr, Caleb Carr, Michael Facciolo, Chas Jordan, Shaun Berger, Pam Grimes, Margit Ashley, Linell Pringle, Carolee Luther, Debbie Berger, Dennis Gaines, Kelly Cargill, Kim Green, Kerri Pitts, Williams Rollins, Janie Ross, Christy Scrivner, Rebecca Snider, Bess Kendrick-Holmes, Kathy Jones, Brenda Theus, Stacey Hitchcock, Louise Davidson, Jacque Leerssen, Sam Bishop, Brad Evangelista, Eric Seldon, Denise Williams, Fran Magoni, Stephen Raborn, Melany Raborn, Brad Parker, Jimmy Blanton, Brooke Philips, Penny Romine, Spud Alford, Joseph Brannan, Emily Brannan, Tyler Myers, Jeannie Myers, Kyle Glenn, Meg Glenn, Carrie Parker, Valerie Figgins, Clara McBride, Nancy McKee, Cindy Sargent, Susan Wood, Jonathan Moore, Lisa Moore, Chase Eiland, Amanda Eiland, Will Hawk, and Lee McBride, as well as any other agents, employees, and volunteers that may be added to the service of Teen Advisors, Inc.

MEDICAL CONSENT & RELEASE OF TEEN ADVISORS, INC

(In the event that your child becomes ill or is injured during any activity sponsored by Teen Advisors, Inc., we request that Teen Advisors, Inc. be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature below will acknowledge your acceptance and understanding of the role Teen Advisors, Inc. has in the medical care of your child.)

I hereby give Teen Advisors, Inc. permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Teen Advisors, Inc. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Teen Advisors, Inc. from any and all liability in acting on my behalf in this regard. In case of emergency, I understand that every effort will be made to contact me.

(DUE TO THE STAFF'S LACK OF TRAINING IN THE DELIVERY OF SPECIAL SERVICES TO STUDENTS, ANY APPLICANT WITH A SPECIAL NEED, INCLUDING BUT NOT LIMITED TO MENTAL, PHYSICAL, BEHAVIORIAL, OR MEDICATION REQUIREMENTS, MUST RECEIVE WRITTEN APPROVAL FROM MEMBERS OF THE STAFF AND/OR TEEN ADVISORS, INC. BOARD OF DIRECTORS TO BE A MEMBER OF VELOCITY OR TEEN ADVISORS.)

I understand and agree to all of the statements listed above.

Your child's name: *(please print)* _____

Parent/Guardian's name: *(please print)* _____

Parent/Guardian's signature: _____ date: _____

Witness name: *(please print)* _____

Witness signature: _____ date: _____

Parent/Guardian's home phone #: _____

cell phone #: _____ work phone #: _____

If I am unavailable, please call the relative/friend listed below:

Name: _____ relation to student: _____

home phone #: _____ cell phone #: _____ work phone #: _____

List here any additional comments regarding special needs, pertinent medical history, allergies, penicillin or drug reactions, etc.:

Parent/Guardian's insurance company _____

Parent/Guardian's insurance company address _____

Parent/Guardian's insurance company phone number _____

Parent/Guardian's insurance policy number _____

MEDIA RELEASE OF TEEN ADVISORS, INC.

I give Teen Advisors, Inc. permission to use any video footage, photographs, audio clips, written quotes, or any other means of media as requested of my child. Video footage & audio clips may be used in promotional & training videos, Classroom Session presentations, and at conference exhibits. Photos & written quotes may be used in the local newsletter, the national newsletter, brochures, fliers, web page, e-mail, and various other media for publicity and/or for the promotion of Teen Advisors, Inc. *If you DO NOT want us to use your child's photos, videos, audio, or written media in some or all of what is listed above, please specify here what exactly you are NOT allowing us to use:*

I give permission for my child's first name to be used. Yes ___ No ___ (If "No" is checked, a pseudonym will be used.)

Your child's name: *(please print)* _____

Parent/Guardian's name: *(please print)* _____

Parent/Guardian's signature: _____ date: _____

Witness name: *(please print)* _____

Witness signature: _____ date: _____

→ → → *Did you complete THE OTHER SIDE?* → → →