

Game Plan Summer Application
Located at Rodgers Middle School
June 6th, 2022- July 28th, 2022

Please Print Clearly

Last Name		First Name		Middle Initial	Date of Birth:
Street Address		City/State		Zip Code	Phone Number:
Gender:			Race:		
<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Refused			<input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Two or More Races		
Student's Grade: (CIRCLE ONE)		Participant Type:		Ethnicity:	
6 th 7 th 8 th		MINOR		<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
Is your student eligible for free lunch? (Circle One)					
YES			NO		
Number of Adults In Home:		Household Structure (Check One):			
_____		<input type="radio"/> Male (single) Head of Household <input type="radio"/> Female (single) Head of Household <input type="radio"/> Other-Relative/Kinship Care (single) Head of Household <input type="radio"/> Dual 2 Parent Household <input type="radio"/> Dual 2 Other-Relatives/Kinship Care Household <input type="radio"/> Other <input type="radio"/> Not Available			
Number of Minor Children in Home (including participating child):		Highest Education Level in Household (Check One):			
_____		<input type="radio"/> Some or No High School <input type="radio"/> High School Graduate or GED <input type="radio"/> Technical Certificate <input type="radio"/> Some College <input type="radio"/> Associates Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Advanced Degree			

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PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Last Name: _____

First Name: _____

Relationship to Student: _____

Cell Phone: _____

Work/Other Phone: _____

Email: _____

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Parent/Guardian 2 (if applicable)

Last Name: _____

First Name: _____

Relationship to Student: _____

Cell Phone: _____

Work/Other Phone: _____

Email: _____

GRIEVANCE PROCESS

While in the 3D Stingrays Program, every youth and parent/guardian has access to a method to have a particular grievance considered rapidly, fairly and without reprisal.

I _____ have received and fully understand the CDC Youth Program's grievance process, which has been provided to me by program staff on page 6 of this application.

Parent/Guardian Signature and Date

PHOTO RELEASE

I _____
(print guardian's name),

do hereby give CDC of Tampa, the irrevocable right to use my child's picture, portrait, or photograph in all forms and in all manners, without any restrictions to changes or alterations (including but not limited to composite or distorted representations or derivative works made in any medium) for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive my right to inspect or approve the photograph (s), including written copy that may be created and appear in connection therewith. I agree that the photographer owns the copyright to these photographs or works derived there from, including but not limited to claims for either invasion of privacy or libel. I am of full age and competent to sign this release. I agree that this release shall be binding on me, my heirs, and assigns. I have read this release and am fully aware of any right/claims that I am waiving.

I am the parent/guardian of the minor named below and have the legal authority to execute the above release. I approved the forgoing and waive any rights in the premises.

Parent/Guardian Signature and Date

Youth Signature and Date

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MEDICAL RELEASE AND EMERGENCY INFORMATION

My child _____ has the following medical condition(s) listed below. The medical information provided herein is covered by HIPPA. **Please indicate N/A for sections that do not apply.**

Medical Conditions: _____

Allergies: _____

Medications: _____

Other special needs: _____

Physician's Name: _____

Physician's Telephone: _____

Physician's Address: _____

If my child _____ should become ill or injured while participating in the CDC Youth Program, I understand that an administrative staff member will contact the person I have designated in the emergency contacts list if I cannot be reached. Should the administrative staff be unable to reach me or the person I have designated, I authorize the staff to contact the child's physician and/or arrange for immediate emergency treatment if deemed necessary to ensure my child's health and safety. I further understand that this CDC Youth Program is not liable for any payment or medical bills that may arise, including costs associated with ambulance transport.

Parent/Guardian Signature and Date

TRANSPORTATION RELEASE AND EMERGENCY CONTACT INFORMATION

- Youth has permission to sign self out of the program.
- Youth must leave with parent/guardian or emergency contacts designated below

EMERGENCY CONTACTS

Full Name	Relationship to Youth	Cell Phone	Home Phone	Work Phone

Parent/Guardian Signature and Date: _____

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CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this CDC Youth Program application is true and complete to the best of my knowledge. By submitting this application, I (we) understand my (our) child will be enrolled in CDC's Youth Program. I (we) agree as parent/guardians to support our child by encouraging active participation and promoting educational achievement.

Youth Printed Name: _____

Youth Signature & Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature & Date: _____

TO BE COMPLETED BY PROGRAM STAFF ONLY

Enrolled Program Start Date: _____ Staff Signature & Date: _____

Enrolled Program End Date: _____ Staff Signature & Date: _____

Enrollment Closure Reason:

- Completed Service
- No Longer Eligible
- Voluntary Withdrawal
- Moved
- Child Removed From Home
- Incarceration
- Death (Participant Deceased)

Notes/Remarks:

GRIEVANCE PROCEDURE FOR YOUTH & FAMILIES

A grievance is defined as any condition of youth involved programming that the youth thinks or feels is unjust or inequitable. Any youth/family may submit grievances in the following sequence:

1. Youth/family brings concern to Program Coordinator for review and resolution.
2. If a satisfactory resolution cannot be obtained for the youth/family, Program Coordinator will call the Youth Manager or complete the grievance form and the Youth Manager will call them.
3. Youth Manager will review concern with youth and/or family and determine resolution.
4. Decision of the Youth Manager is final.

CODE OF CONDUCT

DO:

Keep your hands to yourself.
Think before you speak.
Apologize if you accidentally say or do something that has made another person feel uncomfortable.
Respect all staff, students, guests and yourself.
Respect all property: ours, yours and theirs.
Report all incidents of **bullying** behavior.
Cooperate and Participate.
Have Fun!

DON'T:

Touch anyone without his or her permission.
Keep interacting with someone after they have told you to stop.
Criticize or make remarks that may cause another person to feel stressed, scared, or intimidated.
Do not use profanity.
Do not use words that hurt others (stupid, slow, freak etc.)

PROHIBITED ITEMS

A student shall NOT possess, handle or transport weapons.

DRUGS/ALCOHOL/TOBACCO ARE NOT ALLOWED. This will result in immediate dismissal.

Students violating this policy are subject to suspension, expulsion and/or arrest.

- This policy applies to CDC properties, program sites, CDC buses/vans, CDC provided transportation, at bus stops, pick up or drop off points, and at CDC programming or related activities.

BUS AND TRANSPORTATION SAFETY RULES

- Do not carry onto the bus: any glass items, animals, balloons, weapons, skateboards, live animals, plants or sharp instruments.
- Personal belongings must be held on a student's lap.
- Remain seated until the bus comes to a complete stop and you are asked to exit.
- Sit all the way down and back, facing forward, with arms and head inside the bus at all times.
- Keep aisles clear.
- Obey rules and be courteous.
- Refrain from using profanity, causing disruption, fighting, destroying property, or being willfully disobedient.
- Be silent at all railroad crossings and/or when requested by driver.
- Do not throw objects on the bus or out the windows.
- Do not eat or drink on the bus.

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CONSEQUENCES

If you break the law, law enforcement will be notified.

ZERO TOLERANCE OFFENSES- Both on and off premises during CDC programming times/activities: fighting, possession of drugs or alcohol, possession of weapons, sexual battery, theft, homicide. ****WILL RESULT IN IMMEDIATE EXPLUSION/WITHDRAWAL FROM THE PROGRAM****

LEVEL TWO OFFENSES - false reports, defiance, disrespect, bullying, destruction of property, vandalism etc. ****Will result in up to expulsion/withdrawal from the program, suspension, referral****

LEVEL THREE – horseplay which leads to aggressive behavior, acts of misconduct that interfere with programming, activities, transportation, and/or the learning process, unauthorized use of cell phones, computers, etc. ****Will result in suspension, counseling, and/or parent contact****

DRESS CODE

Students have the right: to dress as they choose as long as their dress meets the approved dress and grooming regulations, does not disrupt program activities, is not obscene or defamatory, and does not endanger the physical health or safety of themselves or others.

Students have the responsibility: to dress and groom in such a manner so as to reflect cleanliness, modesty, safety and good taste.

1. Shoes shall be worn. Skate tennis shoes and bedroom slippers are unacceptable and not allowed.
2. Clothing that exposes the entire shoulder, tube tops, spaghetti straps, or similar type of clothing may only be worn with a blouse or shirt. Underwear shall not be visible. Clothing not properly fastened or with tears that are indecent shall not be worn. Clothing traditionally designed as undergarments or sleepwear shall not be worn as outer garments. All pants and shorts shall be secured at the waist.
3. Garments and/or jewelry that display or suggest sexual, vulgar, drug, gang, weapons, or alcohol-related wording or graphics, or that provoke or may tend to provoke violence or disruption in the school, shall not be worn. Wallet chains shall not be worn.

ATTENDANCE

Education Aspirations Curriculum Training is MANDATORY- (youth must attend and participate in order to earn field trips etc.)

Students should also:

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- Attend classes daily and on time unless circumstances beyond their control prohibit attending.
- Notify Program Staff about the student's absence from program on or before the day of the absence.
- Notify Program Staff of any change of address, phone numbers, and emergency contact numbers.
- Students MUST sign in and MUST follow proper dismissal.

******PICK UP PROCEDURE/TRANSPORATION******

WE ARE NOT ABLE TO PROVIDE DROP OFF/PICK UP TRANSPORATION. Any student joining the program MUST be able to find their own way to and from school. Our program starts at **8:00 am** and ends promptly at **5:00 pm in the summer** (unless otherwise indicated). Please be on campus at this time to pick up your student. Please communicate with us if you are running late. In certain cases, we will allow for a 15-minute grace period. After 15 minutes, we will call to see that you are on your way. If after an extended period of time you have not arrived & not made contact, we may be forced to contact law enforcement/CPS to watch over your student.

If you arrive late more than once to pick up your student, **THE STUDENT MAY BE EXITED FROM THE PROGRAM.** Please arrive on time and communicate with us if there are any issues. Also, please make sure your student's emergency contact numbers are up to date at all times so that we can reach you if need be.

LUNCH

Students are responsible for bringing their own lunch, except on days where such is provided. *Students will not be permitted to leave campus for lunch*****

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Please retain pages 5-8 to refer back to our policies and procedures. If you have any questions contact Ravin Hemchand, Program Manager, at Ravin.hemchand@cdcoftampa.org or (813) 587-9514.

I UNDERSTAND AND AGREE TO ABIDE BY THE CODE OF CONDUCT. I UNDERSTAND THAT IF AT ANY TIME I DO NOT ABIDE BY THE CODE OF CONDUCT, I COULD FACE THE CONSEQUENCES AS OUTLINED ABOVE.

Print Name of Parent/Guardian

Signature of Parent/Guardian and Date

Print Name of Student/Youth

Signature of Student/Youth and Date

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Youth Attendance Summer 2021

Youth Name: _____

In order to better help us prepare for the summer (fieldtrips, supplies, etc.) please indicate which weeks youth will be attending the Game Plan Summer Program. For each week listed, please circle the days your student will be attending. You will not be held to this schedule, but it helps give us an idea of how to prepare to give your youth the best experience this summer!

Week 1: June 6th - June 9th

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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Week 2: June 13th-16th

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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Week 3: June 20st – 23th

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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Week 4: June 27th – June 30th

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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Week 5: July 4th – 7th (MAY BE CLOSED THIS WEEK-TBD)

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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Week 6: July 11th – 14th

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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Week 7: July 18th – 21st

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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Week 8: July 25th – 28th

ALL WEEK	Monday	Tuesday	Wednesday	Thursday	NOT ATTENDING
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