



Uturn Prevention Program Applicant and Parent/Guardian Information Sheet



Applicant Information: PRINT CLEARLY and fill in **ALL** the information.

Today's date: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

School Attending: _____ Grade: _____ Guidance Counselor: _____

Date of Birth: _____ Age _____ Gender: Male Female

Ethnicity: (**check one**) American Indian/Alaskan Native Asian or Pacific Islander Black Hispanic Multiracial White

Number of people in your household: _____ (including applicant) Family Income: _____ (include all resources)

Applicant's Contact Information:

Applicant's Home Phone: _____ Work Phone: _____ E-mail: _____

Fax: _____ Cell Phone: _____ Pager: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from above)

Parent/Guardian Information:

Check here if address is the same as the applicants

1) Relationship to Applicant: _____

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Fax: _____ Cell Phone: _____ Pager: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from above)

2) Relationship to Applicant: _____

Check here if address is the same as the applicants

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Fax: _____ Cell Phone: _____ Pager: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from above)

Person authorized for Pickup: Yes No Legal Guardian: Yes No Emergency Contact: Yes No

Additional emergency contact: Name: _____ Relationship: _____ Phone#: _____

By submitting this application, I agree that any information provided may be made available to any person having a legitimate need for the information. I further agree that the Uturn Gang Prevention Program is authorized to obtain any information from any agency to assist in assessing this application. **In accordance with Privacy Act of 1974, by authority of Executive Order 9397**



Uturn Prevention Program Applicant < obby and Informational Form

Applicant's Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

School Name: _____ City: _____

Are you currently in any sports league affiliations? Yes No If yes, please provide name: _____

Please check box of special interest or hobby:

Reading Fiction Adventure Sci Fi Drama Crime Mystery History

Movies (Go to or rent) Horseback Riding Drama/Theater Singing/Dancing Art/drawing/painting

Gamer (video and/or computer) Soccer Baseball Basketball Football Volleyball

Swimming Gymnastics Martial Arts Skateboarding/Skating Other: _____

Brief statement of special interest:

CITY OF VICTORVILLE

14343 CIVIC DRIVE • P.O. BOX 5001 • VICTORVILLE, CALIFORNIA 92392-5001 • (760) 955-5203 • FAX (760)269-0076



Uturn Prevention Program
Agreement/Commitment Form



Parent Commitment Decree:

I agree as a parent to commit to the Uturn Prevention Program by offering my assistance and encouraging my child's participation in all sponsored activities associated with Uturn. I will also uphold the Uturn's mission and purpose. I will agree and encourage my son/daughter not to associate with peers that create a negative atmosphere. I will encourage my son/daughter with positive feedback and empower him/her to make the right choices. I will commit my attendance in the programs offered and I will make every endeavor to spend quality time with my son/daughter at the sports, recreational, and Uturn activities provided.

Parent (s)/Guardian (s) Printed Name

Parent (s)/Guardian (s) Signature

Date

Witness Signature

Date

Student/Child Commitment Decree:

I agree as a student/youth to commit to the Uturn Prevention Program by offering my attention and listening capabilities to the workshop instructor or trainer. I will encourage my fellow students and parents participation in all sponsored activities associated with Uturn. I will also uphold the Uturn's mission and purpose. I will commit my attendance in the programs offered and I will make every endeavor to attend each session, workshop, and training. I will agree not to associate with peers who create a negative atmosphere. I will agree to associate with peers who give me positive feedback and empower me to make the right choices. I will spend quality time with my parent(s)/guardian(s) at Uturn sponsored activities. I will invite and encourage my parent(s)/guardian(s) to attend any sports, recreational and Uturn related activities I am involved in.

The purpose of the Uturn Prevention Program is to provide a healthy alternative for elementary- aged at-risk youth by diverting them from gang recruitment by promoting a community-based circle of support for development services, social services, training, education, extracurricular activities, community service, mentorships, tutoring, health and wellness. Uturn is designed to strengthen the family structure and create a sense of belonging in the community, while developing youth leadership and positive life skills.

I agree to all the aforementioned without personal basis and maintaining full compliance.

Parent (s)/Guardian (s) Printed Name

Parent (s)/Guardian (s) Signature

Date

Witness Signature

Date



Uturn Prevention Program Agreement/Commitment Form



The Uturn Prevention Program is an after school program that will require the student's/youth's attendance, Monday through Friday, during the hours of 3:00 p.m. to 6:00 p.m. The program will offer a wide variety of activities but will not be limited to the following: Indoor/outdoor activities and field trips on designated weekends, sport league affiliations, arts and crafts, photography, and fishing and camping field trips. The students/youths will receive a range of homework assignments, related workshops, and training given on a course curriculum outline basis. Our partner agencies will contribute by providing workshops, training, mentorships, and tutoring. The program is also intended for the parent's participation. Parents will be given a diverse list of workshop and training topics from which they can choose to attend. Parents are invited and encouraged to attend the after school sessions as well as sessions offered for parental participation.

The Uturn Gang Prevention Program is a program that emphasizes each child to "Make the Right Choice" and to encourage and empower each child that they are "Special". It is an opportunity for the children to learn and gain knowledge in leadership and positive life skills.

I give my permission for our son/daughter to participate in the City of Victorville's Uturn Prevention Program.

Name of Student/Youth

Signature of Student/Youth

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date



Uturn Prevention Program Release of Liability Waiver

Please complete and return form to your Uturn Prevention Representative

PARENT/GUARDIAN'S NAME (Print) _____ PROGRAM _____

PARTICIPANT'S NAME _____ DATE OF BIRTH _____
(Children only)

I, the undersigned, understand the following:

I am aware that recreational camp activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. The City or any sports leagues, camping trip or activities associated with camping or martial arts affiliates are not responsible for participants' injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The City or any sports leagues, camping trip or activities associated with camping or martial arts affiliates do not provide participants with medical insurance or treatment for injuries.

I agree to hold harmless and release the City of Victorville, camping trip or activities associated with camping, or Sport Leagues and Martial arts affiliates, its officers, agents and employees from any and all liability arising from or related to my participation in City of Victorville or camping trip or activities associated with camping, or Sport Leagues or Martial arts program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the City of Victorville, camping trip or activities associated with camping, or Sport Leagues or Martial arts affiliates or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the City of Victorville or camping trip or activities associated with camping, Sport Leagues or Martial arts affiliates. I am responsible for any loss, theft or damage of personal property, or City or camping trip or activities associated with camping, or sport leagues or martial arts equipment, articles and/or facilities while using said equipment, articles and/or facilities.

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone #: _____

City/State: _____ Zip: _____

Uturn Program Representative: _____ Date: _____
Print Name Signature

May we take pictures of your son/daughter for program media purposes? Yes No

Release to take pictures: _____ Signature: _____
Printed Name

CITY OF VICTORVILLE

14343 CIVIC DRIVE • P.O. BOX 5001 • VICTORVILLE, CALIFORNIA 92392-5001 • (760) 955-5203 • FAX (760)269-0076