



# Family Support Organization

HUNTERDON • SOMERSET • WARREN

Family Support Organization of Hunterdon, Somerset and Warren Counties

315 W. Washington Ave.

Washington, NJ 07882

908-223-1191

www.fso-hsw.org

## YOUTH PARTNERSHIP

Registration Form & Permission Slip

Youth Ages 13-21

### PLEASE PRINT ALL INFORMATION

DATE OF APPLICATION: \_\_\_\_\_ 20 \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GENDER: \_\_\_\_\_

HOME PHONE : \_(\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: \_(\_\_\_\_\_) \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ WORK PHONE: \_(\_\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT PERSON NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE#: \_(\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

#### PROGRAM:

Youth Partnership

Other: \_\_\_\_\_



**Consent for Emergency Medical Treatment / Permission Slip**

I (Parent/Guardian) \_\_\_\_\_ being the father/mother or legal guardian of (Child's Name) \_\_\_\_\_ do hereby approve of the participation in the activities of the Family Support Organization of Hunterdon, Somerset and Warren Counties (FSO-HSW) and it's Youth Partnership and further do hereby release the Family Support Organization of Hunterdon, Somerset and Warren Counties (FSO-HSW), it's Executive Director or any officials/coaches being employees of the organization whether paid or volunteer, from all liabilities for personal injury or property damages resulting from his/her participation in any of the FSO-HSW activities that he/she may take part in.

**Please Check:**

**I have read the above and do understand and agree to comply with all FSO-HSW policies.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE (For youth age 18 or older)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (For youth under age 18)

\_\_\_\_\_  
DATE

**Family Medical Information & Participant's Emergency Information and Consent**

Carrier: \_\_\_\_\_ Group Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_ ID# \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**List All Serious Medical Conditions, Allergies & Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We hereby grant consent to any and all health care providers designated by FSO-HSW's Executive Director or his/her designee to provide me or my child with any necessary medical care as a result of injury/illness, if I am unable to decide for myself. This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE



**Youth Partnership Parental Consent to Photograph & Video**

I, \_\_\_\_\_, (parent/guardian) grant permission to the Family Support Organization of Hunterdon, Somerset & Counties Youth Partnership Program to photograph or video my son/daughter \_\_\_\_\_ (name of youth). The contents of the photograph or video will be limited to events sponsored by the Youth Partnership and its affiliates. These may include, but are not limited to conferences, field trips, community service events, youth forums, workshops, public speaking engagements and board meeting participation.

I am aware that some photos or video may be used for newsletters, websites, brochures, conference presentations and event flyers produced by the Family Support Organization. I also understand that I have the right to revoke this consent at any time I deem necessary.

In the event that any other person, company or entity that is not affiliated with the Youth Partnership of Hunterdon, Somerset & Warren counties duplicates, alters and/or distributes photos without my written consent; the Youth Partnership members, Director and affiliates will not be held liable for such acts.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Partnership By-Laws**



I, \_\_\_\_\_, agree to follow the Youth Partnership By-Laws developed by the members of the Youth Partnership of Hunterdon, Somerset and Warren Counties.

1. Be Respectful: To ourselves, other members of the Youth Partnership, FSO staff and volunteers as well as the spaces used to hold Youth Partnership meetings.
2. Confidentiality: Youth Partnership enables youth to voice their opinions in safe environments and sometimes that information can be personal or private so what is said in group stays at group.
3. Listen: While others are speaking/sharing, let them share and wait for an appropriate time to include your thoughts or comments about the topic.
4. No Side Conversations: Be considerate of others while they are speaking/sharing and hold your side conversations until an appropriate time.
5. Sensitivity: When speaking about someone, members or not, keep the conversation relative to who the person is, not what they look like.
6. No Discrimination: We will not tolerate the use of any words or actions that put people down because of disability, race, religion, gender, or sexual orientation, etc.
7. No Bullying: Youth Partnership is a safe place, where everyone can feel welcomed and not judged. Bullying of any sort will not be tolerated.

\_\_\_\_\_  
*Signature of Youth Partnership Member*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*