



Y.P.E. Leadership Program

Youth -- Peace -- Empowerment

Through the **Y.P.E. Leadership Program**, City Mission Society reaches out and provides education and support opportunities for young people in inner city neighborhoods. Activities take place **two evenings per week for six weeks from 6 PM to 8 PM**. Some Saturday activities, such as field trips or sports events, are also offered. The Program maintains a safe environment that emphasizes the development of the following core values: *positive self-esteem; mutual respect; acquiring leadership; learning/education; employment readiness; spirituality; having fun; and building community*. **Participants can earn up to \$120.00 with 100% attendance during each six week session.**
Registration is continuous

Session 1 Fall 2011

Session 2 January 2012

Session 3 March 2012

General Information

Name _____

Age: _____ Date of Birth: _____

Home Address: _____ Phone: _____

Email: _____
_____ Cell Phone _____

High School: _____ Favorite Subject: _____

Parents/Caregiver's Contact Information

Name _____

Business Phone: _____ Ext _____ Home Phone: _____

Email: _____ Cell Phone: _____

Who referred you
to this program?
Why do you
want to Join Y.P.E.?



CITY MISSION SOCIETY OF BOSTON

Uniting Communities ∞ Transforming Individuals

Founded 1816

What skills would you like to improve? (job readiness, public speaking, conflict resolution or others)

What do you like to do in your spare time? (video games, playing sports, shopping, etc.)

What type of leader do you consider yourself to be?

*I agree to participate for at least 2 days/week during the duration of the program. I agree to act appropriately and promote peace at all times, during and outside of Y.P.E. events. I understand that I am representing myself and my neighborhood while participating in Y.P.E. I understand that inappropriate behavior (fighting, cursing, and lying, etc.) will not be tolerated and may result in my suspension from the program. I understand that the stipend I receive is based on my attendance in the program.

Signature: _____ Date: _____



STATEMENTS OF CONSENT

Authorization to Participate

_____ I as the **participant** recognize the possibility of physical injury associated with recreation and other activities and I hereby release, discharge and/or otherwise indemnify City Mission Society of Boston, Inc. and its affiliated organizations, their employees and associated personnel, including the owners of fields and facilities utilized for the YPE Summer program, against any claim by or on behalf of the participant as a result of participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

_____ I, the **parent or caretaker** of the participant, a minor, agree that I and the participant recognize the possibility of physical injury associated with recreation and other activities and I hereby release, discharge and/or otherwise indemnify City Mission Society of Boston, Inc. and its affiliated organizations, their employees and associated personnel, including the owners of fields and facilities utilized for the YPE Summer program, against any claim by or on behalf of the participant as a result of participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Consent for Medical Treatment of a Minor

_____ As **parent or care-taker** of the above-named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Audio/Photo/Video Consent

_____ I consent to allow City Mission Society to use photos, videos, and/or audio clips they have of me participating in CMS sponsored activities. I release City Mission Society, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I confirm that I understand and agree to the above requests and conditions. I sign this form freely and without inducement.

NOTE: Your signature below signifies your agreement to the Statements of Consent. If you do **NOT** agree to all the statements, please initial on the appropriate line above.

Participant's Signature: _____ Date: _____

Parent/Caregiver's Signature: _____ Date: _____
(if under 18 years old)