



Teach Boys And Girls Success

“Shaping Future Entrepreneurs” TeachBoysAndGirlsSuccess.org PO Box 25123, Charlotte, NC 28229 Bus 704-567-5118

Dear Parents of Potential TBAGS Program Participants,

Teach Boys And Girls Success (TBAGS) would like to thank you for your interest in the TBAGS Entrepreneurial Program.

Teach Boys And Girls Success is a 501c3 non-profit organization that empowers youth by developing their skills, talents & interest to a level of measureable success with an entrepreneurial emphasis.

TBAGS summer program offers the following:

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|---------------------------|---------------------------|---------------------------------------|
| ❖ Develop a Business Plan | ❖ Create 3 Year Life Plan | ❖ Public Speaking/Presentations |
| ❖ Job/Interviewing Skills | ❖ Reading Comprehension | ❖ Life Skills (cooking, sewing, etc.) |
| ❖ Leadership Skills | ❖ Goal Development | ❖ Advanced Educational Options |
| ❖ Basic Banking | ❖ Computer Skills | ❖ Drug & Alcohol Prevention |
| ❖ Community Services | ❖ Volunteering | ❖ Personal Talent Development |

To apply, the student and parent/guardian must fill out and sign all enclosed forms and applications in their entirety. **If all forms do not have the proper signatures, the student will not be eligible to participate at the program. All forms and applications must be returned to Teach Boys And Girls Success, Inc. P.O. Box 25123, Charlotte, NC 28229 or emailed to camp@teachboysandgirlssuccess.org**

Thank you again for your interest. If there are any questions or concerns please call 704-567-5118 or email tbagstaneka@aol.com.

Respectfully,

Teach Boys And Girls Success, Inc

TBAGS Program Code of Conduct

I, _____, as a member of The TBAGS program promise to abide by the following Code of Conduct at all times and regardless of where I am during the year:

- ◆ I will not use tobacco, alcohol and other drugs (unless medically necessary). I believe in a drug free lifestyle.
- ◆ I will refrain from wearing any form of clothing that promotes tobacco, alcohol, or other drugs. I want to promote a drug free lifestyle.
- ◆ I will wear clothing that is presentable – Absolutely spaghetti strap tank tops and Absolutely no short shorts “Daisy Dukes”, No see through clothing, No belly bearing shirts, no tight clothing, no sagging pants, no shirts with negative decals or writing etc.
- ◆ I will do everything I can to promote a drug free and crime free lifestyle by adhering to this code and by remaining active in prevention efforts in my school and/or community.
- ◆ I realize that I represent this program and my conduct will reflect myself, my family and this program. I understand that my choices and behaviors may jeopardize the continuation of this program for myself and future students.

I have read over this agreement and understand my choice to live drug and crime free and to promote a safe and prosperous lifestyle.

Student Signature

Date

For Office Use Only: Date Received: _____ Staff Initials: _____

Parents/Guardian Application for Teach Boys And Girls Success Summer Program Special Needs/Medical Information

Full Name: _____ Age: _____ Race: _____ Male Female

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

Home Phone Number: _____ - _____ - _____ Birth Date: ____/____/____ Email: _____@_____

Have you ever attended TBAGS Program before? Yes No Do you have a relative attending a TBAGS Program? Yes No

Name of Relative(s) that attending program? _____

Physician/Group: _____ Address: _____ Phone: _____

Please put a check by any condition your child has or is taking medication for:

- Allergies Blood Pressure Back Pain Diabetes Asthma Blood Disorders Heart Condition Anemia
 Headaches Birth Deformities Broken Bones Seizures Other _____

Is the child pregnant? Yes No Are your child's immunizations current? Yes No Date of last Tetanus booster? _____

Is your child permitted to take Advil or Tylenol for minor discomforts? (example: headache, cold) Yes No

In the event of a medical emergency would you like to be contacted before any action is taken? Yes No

In case we are unable to contact you or emergency contacts and your child has to go to the hospital which hospital which hospital do you prefer?

Please explain any special procedures that should be followed in the event of a medical emergency: _____

Has your child been diagnosed as having a learning, behavior, or physical disability? Yes _____ No _____ If yes, what challenges does your child experience as a result of his/her disability? _____

Is there any reason why your child may not participate in any activities? If so, please explain: _____

Please list **ALL** allergies (ex. food, medicine), mental, and emotional concerns your child has _____

I am covered by an accident/health insurance policy Yes No Company Name: _____

Issuing Agent: _____ Policy Number: _____ Group Number: _____

Parent/Guardian Information: If neither parent/guardian is available we will contact the emergency contact.

	Name	Relationship	Home Phone	Cell Phone	Work Phone
Parent/Guardian					
Parent/Guardian					
Emergency Contact					
Emergency Contact					

I hereby give consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the accredited camp staff, emergency room physicians, or any other clinical physicians with the understanding that I will be notified as soon as possible.

Parent /Guardian Signature: _____ Date: _____ Revised 1/09

Do you have additional needs/concerns that you feel TBAGS Program can help you or your child with?

Yes _____ No _____ Explain _____

Do you feel that your child is experiencing problems in any of the following areas...

- ...getting along with adults? Yes _____ No _____
- ...getting along with peers (similar-age youth)? Yes _____ No _____
- ...getting good grades in school? Yes _____ No _____
- ...making appropriate choices or good decisions? Yes _____ No _____
- ...having a positive attitude? Yes _____ No _____

During the year, does your child participate in other programs or activities? Yes _____ No _____

If yes, name of program/activities: _____

T-Shirt Size: Child's _____S _____M _____L Adult: _____XS _____S _____M _____L _____XL /Shoe Size _____

Release of Liability to TBAGS, Inc and Staff

I, _____, hereby release T-Bags, their servants and employees from
Name of Parent/Guardian
any liability for personal injuries or property damage sustained by my child, _____, in
Child's Name
connection with the participation in the TBAGS Summer Camp and/or other TBAGS program.

I **do have** / **do not have** personal insurance on my child. I further understand that if my child is not insured, that TBAGS, Inc and TBAGS Programs or staff will not be held liable and the parent/guardian/participant will assume all liability.

Parent /Guardian Signature: _____ Date: _____

Surveys and Assessments Authorization

I give permission to the TBAGS Program and its designees to collect and record data on my child. This data gathering may include, but is not restricted to the following:

- _____ Surveys and/or interviews about his/her knowledge, attitudes, skills, and behaviors in regard to his/her academic development such as motivation to read; nonacademic development such as leadership and conflict resolution skills; and, overall satisfaction with the Freedom Schools program.
- _____ Academic assessments and school data from report cards.

I understand that the purposes of these surveys and interviews are to document the impact of the TBAGS Program on its participants, and to identify areas for improvement. I also understand that this information will remain private, and that only my child's site director and assigned or contracted research assistants will be able to look at his/her responses.

I also understand that my child's responses will be automatically grouped together with the responses of other TBAGS Program sites for any public presentations of their findings, and that my child will not be individually linked to his/her responses.

Sign _____ Date _____

Photography Authorization

I hereby give the TBAGS Program, its successors and assignees, irrevocable right to publish my name and the names of my children as well as any information shared by me or my children with the TBAGS Program in personal interviews about myself and my family. I further give the TBAGS Program its successors and assignees, irrevocable right to use my voice recording and any recording, picture, portrait or photograph of myself and/or my child in all forms and in all media and in all manner, without restrictions as to changes or alterations for advertising, promotion, exhibition or any other lawful purpose. I waive any right to inspect or approve any such photograph or recording. I agree that the TBAGS owns the copyright in these photographs and recordings and I hereby waive any claims I may have based on any usage of any photograph, recording, or work derived there from. I have the legal authority to execute this release, and I have read and fully understand its contents.

_____ I Agree _____ I Disagree

Sign _____ Date _____

Permission Slip for TBAGS Field Trips and Authorization for Medical Treatment

This form:

_____ Gives us permission for your child/children to ride with staff, parents, tutors, mentors, volunteers and/or authorized persons who drive their cars, the church van, or bus on field trips as part of the TBAGS Program.

_____ Gives us permission to attend offsite activities.

_____ I have insurance/medical coverage and do not hold TBAGS, Inc. responsible for medical coverage cost

_____ Gives the group leaders or authorized person permission to secure medical aid for your child/children should it be necessary.

I _____ parent/guardian of the above named child hereby gives _____ his/her/their consent to allow the named child/children to be transported to and from TBAGS site in an automobile or church van or bus for various After School and TBAGS Summer Camp sponsored activities.

Signed _____ Date _____

Parent/Guardian Closing Statement

I, _____ (Parent/Guardian's Name), am the legal guardian of _____ (Youth Full Name).

_____ I hereby certify that the statements in this application are correct and true. I understand that my child's enrollment in the TBAGS Program is based, in part, on the information provided within this application and that I agree with the terms outlined in this application.

Parent/Guardian Print name _____

Parent/Guardian Signature _____

Participants Signature _____ Date _____

Interviewer Name _____ Site Location _____

Program Level _____ Instructor _____

Teach Boys And Girls Success, Inc. Youth Form

Please have youth complete the TBAGS, Inc. Youth Application form and return by mail, or email
P.O. Box 25123, Charlotte, NC 28229 704-567-5118

Name _____ Phone (____) _____

Parent(s) or Guardian(s) Name(s) 1. _____ 2. _____

Birthday _____ Age _____ School _____ Grade _____

Address _____ City/Zip _____

1. How many siblings do you have? _____ Brothers _____ Sisters _____
 2. Where do you range in the family (example oldest, youngest, middle child, 2nd oldest)

 3. What is your best friend's first name(s) _____
 4. What do you want to be doing with your life by age 25? _____

 5. What hobbies do you have? _____
 6. What is your favorite thing to do? _____
 7. What type of job would you like to have? _____
 8. If you could travel anywhere in the world where would you go? _____
 9. If you could you do anything in the world what would you do? _____

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- A. If you had one thousand dollars (\$1,000.00) what would you do with it? _____

 - B. If you could ask any question that you don't know the answer to what would it be?

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- C. If this world were yours and you had all the money you needed what would you want to do with your life and the money? (Use the space below or on back)

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- D. What is your favorite outdoor activity? _____
 - E. List your personal achievements and/or community involvement.

 - F. How did you find out about this program? _____
 - G. How do you think you would you benefit from the TBAGS Summer Program? (Answer on back)
 - H. What are your expectations from the TBAGS program? (Answer on back or separate sheet of paper)