

**Child's Name:** \_\_\_\_\_ **Child's Age:** \_\_\_\_\_



# *VAV SUMMER EXPERIENCE 2023*

## Registration Form

**\*LAST DAY FOR ACCEPTING APPLICATIONS IS June 16, 2023\***

**\* Each CHILD Requires an Application \***

**Registration is incomplete until all items are completed.**

If you have any questions, please call Voices Against Violence at **412-251-3212.**

*If the root is strong, the fruit will be sweet. ~ Robert Nesta Marley*



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412-670-0121

May 1, 2023

***Dear Parent or Guardian of a Voices Against Violence Summer Experience Participant,***

At Voices Against Violence, we take the safety and wellbeing of our campers extremely seriously. Over the past year, we have reviewed the Center for Disease Control, Pennsylvania Department of Health, and Allegheny Department of Human Services guidelines for the operation of schools, day care facilities, camps and outdoor recreation facilities, and other businesses to create a Safety Protocol for this year's Summer Experience. The Health and Wellbeing of our children, staff, and everyone's loved ones is of utmost importance to us.

**Policies & Procedure for Voices Against Violence Summer Experience 2023:**

- 1.) The 2023 Voices Against Violence Summer Experience will be predominantly an OUTDOOR experience with small groups and appropriate precautions.
- 2.) If anyone (Camper or Staff) is sick and/or running a fever, they must STAY HOME.
- 3.) Anyone picking-up a camper must be a parent, guardian, or listed on the camper's "Pick-up List" and have a government issued picture ID.
- 4.) Policies and procedures will change, as necessary, if circumstances or federal/state/local regulations change.

***I have read this letter, understand the precautions, and agree to abide by these regulations in order for my child(ren) to participate in the VAV Summer Experience.***

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

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

# **2023 SUMMER EXPERIENCE REGISTRATION**

***Please Print Neatly***

Childs' First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Child Prefers to be called: \_\_\_\_\_ Gender: ☐ M ☐ F ☐ Other: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your child's preferred language: \_\_\_\_\_ Grade: \_\_\_\_\_ **What is your child's T-shirt size** \_\_\_\_\_

Are there any current court orders regarding custody/visitation/PFA? \_\_\_\_\_ *If answered YES, please provide a copy of the court order/PFA. This information must be received at start of camp.*

**My child/our family qualifies for the school Free & Reduced Lunch Program** ☐ YES ☐ NO

Child's living arrangements: ☐ Both Parents ☐ Father ☐ Mother ☐ Guardian ☐ Other

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian
_____ Mr. Name		
_____ Street Address (if different from applicant)		
_____ Phone # Cell		_____ Phone# Work/Home
<b>Email:</b> _____		

<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian
_____ Ms/Mrs. Name		
_____ Street Address (if different from applicant)		
_____ Phone # Cell		_____ Phone# Work/Home
Email: _____		

## **Emergency Contacts if Parents/Guardian are not available:**

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ **Office or Cell Phone:** \_\_\_\_\_

At dismissal time my child may be released to the parent/guardian(s) or to the following.

**"Pick-up List" You must have government issued identification in order to pick up a child from camp.**

Name	Contact Number	Relationship
1. _____		
2. _____		
3. _____		
4. _____		

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**VOICES AGAINST VIOLENCE SUMMER CAMP  
PARTICIPANT PERMISSION and HEALTH INFORMATION FORM**

The information below **MUST BE** completed for all persons who are participating in the  
Voices Against Violence Summer Experience. **PLEASE PRINT Legibly.**

**Emergency Contacts if Parents/Guardian are not available:**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Office or Cell Phone: \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

- ☐ Allergies to foods, medications, etc. \_\_\_\_\_
- ☐ Physical disability \_\_\_\_\_
- ☐ Special current/recurrent illness \_\_\_\_\_
- ☐ Diagnosed learning disability \_\_\_\_\_
- ☐ Diagnosed behavioral disorder \_\_\_\_\_
- ☐ Anxiety, Depression, or other Mental Health Concern \_\_\_\_\_
- ☐ Testing/counseling by a psychologist/psychiatrist/counselor \_\_\_\_\_
- ☐ Occupational therapy \_\_\_\_\_
- ☐ Physical therapy \_\_\_\_\_
- ☐ Speech therapy \_\_\_\_\_

**\*The following special accommodations may be required to most effectively meet my child's needs while at Voices Against Violence Summer Experience.**

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***I hereby authorize medical and surgical treatment for the above-named participant as medically necessary in the case of an emergency as deemed by medical emergency personnel.***

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

# ***Voices Against Violence***

## **Code of Conduct/Rules/Regulations**

1. I will be on my best behavior at all times.
2. I will treat people with respect, including adults, fellow campers, and myself. I will also treat the program playing and learning environment with respect.
3. I will control myself and cooperate with other students and adults when participating in programs and activities.
4. I will dress appropriately for activities, field trips, and any other events and programs I attend. The following shoes and clothing items are not permitted: scandals, short shorts, transparent shirts, or any other clothing item that expose your butt, breasts, bras, briefs/boxers, and belly.
5. If I behave inappropriately and do not cooperate, my behavior will not be tolerated and will be addressed. Examples of unacceptable behavior are as follows, though not limited to:
  - a. Disrespect for adults and peers
  - b. Use of vulgar language or gesture, use of racial slurs
  - c. Damaging of property
  - d. Fighting or intent to injure others
  - e. Constant disturbance of others at work or in an activity.
  - f. Bullying
6. Possession of weapons and the sale or use of alcohol or drugs is forbidden.
7. No student has the right to treat another in any manner that will cause physical or emotional pain. Therefore, harassment of any kind will not be tolerated and is unacceptable and can result in removal from the program.
8. Coercion or threats to do something physically hurtful or for the purpose of exposing someone or something about another is unacceptable behavior.
9. If rules or regulations are broken parent(s) or guardian(s) will be notified and proper disciplinary actions will be taken. ***Children may be sent home, suspended from camp; not permitted to attend a field trip or terminated from the program.***
10. The program runs **Monday through Friday from 9am to 3 pm**. Please be considerate of the program end time. ***Excessive late pick-ups will not be tolerated and can result in termination from the program.***

I have read and understood the code of conduct set forth by Voices Against Violence.

**Youth Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## **Voices Against Violence Media Release Form**

Child's Legal Name: \_\_\_\_\_  
Last First Middle

Voices Against Violence (VAV) may develop, participate in, or be the subject of media-based presentations and events that highlight various activities and events. These presentations may be produced by Voices Against Violence Staff, Voices Against Violence Partner Providers, Volunteer's, Students, or Local News Media and may include but are not limited to:

- Videotapes
- Computer generated presentations, which may incorporate scanned photographs and video clips.
- Computer based productions transmitted electronically, including the VAV website.
- Photographs
- PowerPoint or other presentations

These presentations may be used in:

- Programs
- Staff development activities
- Media Festivals
- VAV social media pages
- Public Relations (newspaper articles, television programs, etc.)
- Productions by the commercial media for use in news or feature story presentations or articles (NOTE: Professional media presentation may require an additional release).

Signing this release grants or denies Voices Against Violence permission to use the Child's name, and/or voice, likeness and any or all of the audio or video footage in any of Voices Against Violence activities.

I hereby **GRANT** permission \_\_\_\_\_ I hereby **DENY** permission \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Voices Against Violence Movie Permission Form**

Through the course of the after-school program and camp, groups will be watching movies. State licensing requires us to have written permission from the parents to show any PG movies. Some examples of PG movies include: Shark Tales, Atlantis, Over the Hedge, Robots and Eight Below.

I hereby **GRANT** permission \_\_\_\_\_ I hereby **DENY** permission \_\_\_\_\_.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# ***Voices Against Violence***

## **EVALUATING THE IMPACT OF VAV PROGRAMS IN THE COMMUNITY**

*As part of Grant Funding and to ensure quality programs, VAV is required to evaluate and report the impact of our programs. We will do this by:*

- 1.) A “Pre-test” - an anonymous online or paper survey for all VAV Staff, Summer Experience Participants, and Parents/Guardians given at the start of the program.
- 2.) Some personal interviews, conducted randomly by the VAV Camp Director or Graduate Assistants, may ask Program Participants and/or Parents/Guardians, **about their impressions of the 2023 VAV Summer Experience**, the Comprehensive Wellbeing Program (Including Mindfulness, Arts and Culture, Fitness, the Technology Program, and/or other Activities). *All information provided will remain completely anonymous when the report is written.*
- 3.) A “Post-test” - an anonymous online or paper survey for all VAV Staff, Summer Experience Participants, and Parents/Guardians given at the end of the program.

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

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

# ***Voices Against Violence***

## **FIELD TRIP PERMISSION FORM**

\_\_\_\_\_ has my permission to participate in any scheduled or rescheduled field trip taking place on the terms and conditions stated below. I understand my child will travel in vehicles provided by Voices Against Violence and will be required to wear a seatbelt at all times while being transported.

All field trips will take place under the same supervision guidelines outlined by state regulations and will be conducted in the time frame of the regular schedule.

All activities will be sponsored by Voices Against Violence and the policies and procedures of Voices Against Violence will be enforced at all times. If there are any violations of the rules, parents will be notified and the Voices Against Violence Director will implement the disciplinary actions.

All students are required to adhere to bus safety regulations. Refusal to follow these rules will disqualify future field trip participation.

Your signature below constitutes and is evidence of:

- Your consent and permission for your child named above to participate in Voices Against Violence field trip activities;
- Your consent to accept general liability for the participation of your child in Voices Against Violence field trip activities;
- Your agreement to waive, release, indemnify and hold harmless Voices Against Violence, its members, agents, counselors, staff, and employees from any and all claims and liability arising out of your child's participation in the program field trip activities and transportation to and from such activities.

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

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