

YMCA of Clay County
Afternoons R.O.C.K. in Indiana
CONSENT AND DISCLOSURE FORM

Funding Source:

We, the undersigned parent or legal guardian, and youth agree to the youth's participation in the after school program known as Afternoons R.O.C.K. in Indiana provided by the YMCA of Clay County. Funding for this program is provided by FSSA/Division of Mental Health and Addiction (DMHA) through the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Problem Gambler's Assistance Fund.

Nature of the Program:

This program is a drug prevention program, which serves youth who are NOT regular drug users and DO NOT have regular drug problems. The program may also address related behaviors such as problem gambling, bullying and youth violence. They provide fun and positive after school activities to help prevent youth from using alcohol, tobacco, or other drugs and reduce related behaviors.

Program Format:

This program consists of:

- 1) Sessions from after school to 6:00pm for six weeks beginning on March 9, 2009 and ending on April 29, 2009. See schedule of dates of the program.
- 2) Each day there will be structured recreation programs, entertaining education programs, a nutritional snack, and help with homework.

Supervision:

We understand that the sponsoring agency will provide a paid professional staff member to supervise all program sessions, and that the parent/guardian may visit the program site during any program session and may ask questions of program staff concerning any aspect of the program.

Attendance:

We understand that the Indiana DMHA expects the youth to attend program sessions on a regular basis. Attendance records must be provided to the Indiana DMHA to qualify the sponsoring agency for payments. The sponsoring agency will not be paid if the youth does not attend at least 80% of the scheduled sessions. In the interest of the youth's safety, the parent/guardian will be notified if the youth is absent from any scheduled program session.

Risks:

As with all sports and recreation programs, there is a slight risk of injury from participation. We understand that the sponsoring agency will supply group accident insurance, but that might not cover all medical bills. We understand that any medical bills above those covered by the insurance are the responsibility of the youth's parents/guardians. We agree to hold the sponsoring agency and other people and agencies participating in this program harmless from all claims that might result from participating in this program, unless they were caused by negligence. However, absent negligence on the part of the program provider, we are responsible for our youth's medical bills.

Survey Data:

We understand that the youth will be asked to participate in a short, confidential survey about use of alcohol, tobacco, and other drugs and related behaviors during the first week of the program and again near the last day of the program. The purpose of these surveys is to provide the Indiana DMHA with some information indicating how well the program works in preventing drug use. This information is needed to assure that programs such as this continue to be available in this community. Answers will be private and the surveys will not record the youth's name or any other identifying information. The forms will be completed in private and sealed in an unmarked envelope. Youth who do not wish to answer any or all of the survey questions need only to leave blank any question(s) they do not wish to answer. Once the form is sealed in the envelope, there is no way for anyone to know which youth completed any form. Parents/guardians have a right to see the blank survey forms before signing this consent and disclosure form.

Identifying Information:

Afternoons R.O.C.K. in Indiana programs are paid for by DMHA through the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Problem Gambler's Assistance Fund, based on the number of youth who attend at least 80% of the scheduled sessions. Furthermore, DMHA will only pay for an individual youth to attend one Afternoons R.O.C.K. in Indiana program per year. Therefore, Afternoons R.O.C.K. in Indiana program providers must collect personal identifying information on each individual youth participant, to ensure that DMHA is only paying for each participant once. Personal identifying information will include the participant's name, birth date, gender, and the last four digits of the participant's social security number.

The personal identifying information is requested on this Consent and Disclosure Form. The Afternoons R.O.C.K. in Indiana program provider will share this personal identifying information with DMHA and its subcontractor responsible for data processing, the Indiana Prevention Resource Center. Personal identifying information will not be used for any purpose other than to obtain funding from DMHA, and will not ask participants to disclose any personal identifying information on any questionnaires or evaluation forms. Identifying information will be stored and disposed of in compliance with all state and federal privacy laws.

The undersigned parent or guardian explicitly acknowledges and authorizes the Afternoons R.O.C.K. in Indiana program provider to collect the personal identifying information regarding the participant, and further acknowledges and authorizes the Afternoons R.O.C.K. in Indiana program provider to share this personal identifying information with DMHA and the Indiana Prevention Resource Center.

If a parent or guardian declines to disclose the requisite personal identifying information, the parent and sponsoring agency must provide alternative funding for the youth's participation in the Afternoons R.O.C.K. in Indiana program. If alternative funding cannot be obtained, the sponsoring agency may choose to either disallow youth from participating in this program or allow participation without compensation.

Consent, Full Legal Name of Youth and Birth Date Verification:

WE, the undersigned parent/guardian and youth, agree to the youth's participation in the after school program known as Afternoons R.O.C.K. in Indiana and verify the youth's full legal name and birth date.

_____	_____
Full Legal Name of Youth (printed)	Nickname or Preferred Name
_____	_____
Last 4 digits of Participant's Social Security #	Birth Date of Youth
_____	_____
Signature of Youth	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Witness	Date

Federal data collections directives (No. 15, <http://www.whitehouse.gov/omb/fedreg/raceethnicity.html>) requires compilation of data for four racial categories (White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander), and an ethnic category to indicate Hispanic origin, or not of Hispanic origin. Please select race/ethnicity from the list below:

(please choose only one)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown
- More Than One Race

And please select one option below:

- Not Hispanic or Latino
- Hispanic or Latino

Name of Individual(s), other than parent above, authorized to pick-up youth from program site:

_____	_____
Name	Relationship to youth
_____	_____
Name	Relationship to youth

Photo Release:

We understand that in the event that the youth is photographed, audio or videotaped for the purposes of promoting and publicizing the after-school program, we hereby waive all rights to the photographs, audio and video tapes in which the youth appears. We understand that sole ownership and copyrights belong to the YMCA of Clay County. The photograph, audio or video tape may be used whole, in part, or in composite as the program sees fit in publication of education material, and the advertising thereof, and for any other lawful purpose.

_____	_____
Signature of Youth	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Witness	Date