



TRIBAL TANF FAMILY WELLNESS

Contact Information, Liability & Photo Waiver

ACTIVITY: After School Program #NFR-001-022

DATE: 8/01/2020 – 6/30/2021

Please print all information and fill out completely – Classes or activities are subject to change

ADULT INFORMATION

Adult First Name:		Adult Last Name:	
Mailing Address:		City:	Zip Code:
Evening Phone:	Cell Phone:	Day Phone:	Birth date:
Place of Birth:			

EMERGENCY CONTACT INFORMATION

Name:	Phone #	Cell Phone:
Name:	Phone #:	Cell Phone:
Insurance Carrier:	Policy #:	
Family Physician:	Phone #:	

PARTICIPATION INFORMATION

Participants Name	Age	Gender	Grade	Date-of-Birth

PLEASE READ AND SIGN BELOW

The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant) cannot participate in the recreation activities until this WAIVER has been completed.

I _____ as the legal guardian/parent of _____ for myself, my personal representative, heirs, next of kin, spouse and assignees do hereby release and discharge the North Fork Rancheria and all of its programs, employees, agents, Board of Directors, and staff from any and all claims and damages, or property damage while participating in the *above activity* or attending the *above activity* which is being financially sponsored by NFRTT. I understand that my participation in the NFRTT *activity* or my participation in an activity which is being financially sponsored by NFRTT may result in potential harm, injury and/or damage to me or my property. In case of an accident or an emergency, I authorize a staff member of NFRTT to take my child to the above-named Physician or to the nearest Emergency Hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense. All allergic reactions to, and current medication taking information must be disclosed on this form.

NFR Tribal TANF – Code of Conduct

- Be helpful, courteous, and respectful to others at all times
- Do not use or possess alcohol, tobacco, or other drugs
- Check in with your event leaders, so they know where you are at, at all times
- Be respectful of other youth (No fighting, pushing, hitting, or “put downs”)
- Be respectful of the environment (No littering or vandalism)
- No vulgar language will be tolerated. NO PETS ALLOWED

Safety is our first priority:

If the behavior of an individual is not appropriate, consequences will be determined by the appropriate NFR Tribal TANF staff member.

Consequences may include the following:

- Verbal Warning
- Parent Contact
- Sent home from activity at own/parents’ expense
- Disqualification from future FW prevention events

I have read and hereby agree to abide by the NFR Tribal TANF Activity Rules. I further acknowledge that my participation in the NFR Tribal TANF Activities will be in jeopardy should I fail to adhere to the rules. I give permission for any photos/filming of my child/myself taken while participating in this activity, to be used by NFR and its programs for promotional use, such as but not limited to: newspaper, television, posters, social media, magazines, promotional or educational, etc. I also understand that I will not receive any compensation for such use.

PARTICIPANT’S/PARENT’S SIGNATURE: _____ **DATE:** _____ .

(Parent or legal guardian must sign for those under 18 years of age)



NORTH FORK RANCHERIA TRIBAL TANF – FAMILY WELLNESS

<input checked="" type="checkbox"/> North Fork Office 56901 Kunugib North Fork, CA 93643 Phone (559) 877-7277 Fax (559) 877-7234	<input type="checkbox"/> Clovis Office 1225 N Willow Ave, Suite 130 Clovis CA, 93619 Phone (559) 298-5700 Fax (559) 298-5717
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Adult Prevention Application

Section I – General Household Information

First Name	Last Name	Phone #
Mailing Address	City	Zip Code

Section II – Family Information

Family Type: <input type="checkbox"/> 1-Parent <input type="checkbox"/> 2-Parent <input type="checkbox"/> Relative Home <input type="checkbox"/> Other				TANF Cash Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Total number in household? _____				Number of dependants under 18yrs? _____		
List Household Family Members	Tribal Affiliation	Gender	Marital Status	Degree or Highest Grade Attended	Date of Birth	Name of School Attending
1						
2						
3						
4						
5						
6						

Section III – At Risk Indicators (please check all that apply)

<input type="checkbox"/> Living in high crime rate area	<input type="checkbox"/> Member of low-income family
<input type="checkbox"/> Absent parent (single parent children)	<input type="checkbox"/> Low academic skills (not low intelligence)
<input type="checkbox"/> Parents are not high school graduates	<input type="checkbox"/> Homelessness /housing
<input type="checkbox"/> Living with caretaker /relative	<input type="checkbox"/> Substance abuse issues
<input type="checkbox"/> Have negative self-perceptions; low self-esteem	<input type="checkbox"/> Pregnant /Parenting teen
<input type="checkbox"/> Living on or near Rancheria lands	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Previous involvement in Juvenile Justice System	<input type="checkbox"/> Other _____
<input type="checkbox"/> Living in unstable school district	

I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by *North Fork Rancheria Tribal TANF Program*, for the purpose of Data Tracking.

Disclaimer: I understand that my information is confidential and will not be divulged to anyone without my permission.

Head of Household Signature

Date



PARTICIPANT EMERGENCY INFORMATION CARD

Participant Personal Information

Participant Legal Name (Last-First-Middle)	Birthdate (MM-DD-YY)	Grade
Address (STREET – CITY – ZIP)	Home Phone	Cell Phone
Mailing Address (BOX OR STREET – CITY – STATE – ZIP)	E-Mail	

Participant Family Information

Living with Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name		
Relationship to Participant		
E-Mail		
Home Phone	Work Phone	Cell Phone
Address [IF NOT LIVING WITH PARTICIPANT (Street, City, Zip)]		

Living with Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name		
Relationship to Participant		
E-Mail		
Home Phone	Work Phone	Cell Phone
Address [IF NOT LIVING WITH PARTICIPANT (Street, City, Zip)]		

In case the participant parent/guardian cannot be reached, the participant will be released to the following adults.

#	Adult Name	Day Time Phone	Cell Phone	Relationship to participant
1)				
2)				
3)				
4)				
5)				
<i>Use other side to add more</i>				

Participant Medical Information

Allergic reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type of Allergies: _____
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type of Medication Taken: _____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type of Treatment: _____
Medication Taken Regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List types of medication, dosage, and schedule: _____
OTHER MEDICAL CONDITIONS: _____		

Physician	Phone
Health Insurance Carrier	Policy Number

I/We authorize the names listed in Participant Family Information on this card are the only individuals with permission to pick up this Child/Participant up from program without prior written or verbal authorization from the custodial parent/guardian, If the participant expresses concern about being picked up, it is understood that staff will contact the custodial parent/guardian prior to releasing the participant. I/We authorize North Fork Rancheria of Mono Indians Staff, Tribal TANF Staff to administer first aid and to obtain medical care for my child/participant in the event of an emergency, illness, accident, or injury (including necessary transportation). I/We authorize such care and treatment to be performed by any licensed physician or surgeon. I/We agree to bear all costs incurred as a result of the foregoing.

Father / Guardian Signature Date

Mother / Guardian Signature Date



Acknowledgment of Rules

I _____, have received and understand the NFRTT Family Wellness Youth Center Program for the rules stated and presented to me.

- 1. No cell phone usage unless in the case of an emergency.**
 - *This is so that we may have your full attention*
- 2. No Verbal or physical abuse towards any persons or staff attending Family Wellness Youth Center events is allowed.**
 - *Treat people the way that you would want to be treated.*
- 3. No swearing is permitted.**
 - *Due to other family members being present we would like to keep it cordial.*
- 4. Please sign in and for all family members in attendance.**
- 5. This is an Alcohol and Drug Free Activity.**

Disciplinary Action taken if guidelines are not observed (shown below)

1st Participant will be reminded of guidelines.

2nd Participants will be asked to leave for remainder of session/or parents will be contacted.

3rd Participant will be asked to not return for remainder of program.

Participant Signature

Date

Parent Signature

Date

NFRTT FWYC Staff

Date



Permission Slip

I give permission for my children(s), _____,
to attend any field trips and/or activities planned by the After School Program.
Students will travel in NFRTT vehicles driven by The After School Program or other TANF staff.

I will notify the staff if my child will not be participating. Please RSVP ASAP!

Parent Signature

Date

NFRTT FWYC Staff

Date



NFRTT FWYC Program Release

I _____ give my child/children _____,

_____.

- Ride
- Be picked up by

_____	_____	_____	_____
Name	Phone #	Name	Phone #
_____	_____	_____	_____
Name	Phone #	Name	Phone #
_____	_____	_____	_____
Name	Phone #	Name	Phone #
_____	_____	_____	_____
Name	Phone #	Name	Phone #

If for any reason your child must leave early from the program, NFRTT FWYC Staff will be contacting you to pick up your child.

Parent Signature

Date

NFRTT FWYC Staff

Date



NFRTT FWYC Transportation Release:

I _____ am requesting transportation for my child/children

from the NFRTT Family Wellness Youth Center, 56901 Kunugib, North Fork, CA 93643
to my home

Address: _____

City: _____

Zip: _____

I understand that I must be present at the time of drop off from the After School Program. No Exceptions. If no parent / legal guardian or person(s) listed on the NFRTT FWYC Program Release is present the child/children will be taken back to NFRTT FWYC where they must be picked up. Future transportation will be jeopardized if child / children are not picked up within 15 minutes of arrival back to the NFRTT FWYC. If child/children are not picked up, the NFRTT FWYC Staff will take appropriate action to provide for the safety and care of the child/children.

Please note: North Fork Rancheria Tribal TANF Family Wellness Staff Are Mandated Reporters.

Parent Signature

Date

NFRTT FWYC Staff

Date



North Fork Rancheria Tribal TANF Family Wellness Youth Center

The North Fork Rancheria Tribal TANF Family Wellness Youth Center is a valuable resource center that may be used to conduct job searches, research health related questions and to access academic assistance. To ensure that the computers/ equipment remain in good condition the following guidelines must be followed and agreed upon.

Facility Rules

1. All members must sign in upon arrival.
2. Use of staff phones and/or computers, unless authorized, is prohibited.
3. Any person using foul language and/or displaying rude or threatening behavior to other clients or Family Wellness staff will be asked to leave the Family Wellness Youth Center immediately.
4. Family Wellness Youth Center materials (books, videos, etc.) may not be removed from the premises.
5. The Family Wellness Youth Center and staff are not responsible for any lost/misplaced or missing personal items.

Computer Use Agreement

1. Use of FWYC computers is limited to: a.) finding employment, i.e., conducting a job search or writing a resume, etc., b) access to the internet to conduct research regarding health related questions/issues, c) research relating to academic improvement (assignment, academic tutorials, tests, etc.) and to access email accounts of the member.
2. Do not download any sites, programs, games, music, etc.
3. Do not change the settings on computers for any reason
4. No "ADULT CONTENT" websites may be accessed at any time in the NFR Family Wellness Youth Center.
5. Do not use or install CD's, diskettes unless authorized.
6. No food or drinks may be near or on the computers, equipment, workstations.
7. In the event that there is a waiting list for computer use, members will be limited to 20 minutes of use at a time.
8. Remember to always LOG OFF.
9. No social networking sites (My Space, Facebook, etc.) or chat rooms shall be accessed at any time during use of NFR FWYC computers.
10. Disregarding any of the above guidelines may result in your privileges to the NFR Family Wellness Youth Center being revoked on a temporary or permanent basis.

I understand the above and agree to the terms and conditions of utilizing the NFR Family Wellness Youth Center.

Signature

Date



NFRTT FWYC Release of Information

I _____ give my permission to North Fork Rancheria Tribal TANF Family Wellness staff to share and/or obtain any academic or behavioral information from _____ pertaining to my child/children _____

Parent Signature

Date

NFRTT FWYC Staff

Date



Informed Consent and Disclosures

I understand that the services provided at the Family Wellness Youth Center may include the following:

- Drug and Alcohol Education
- Tutoring, Reading
- Computer & Video courses
- Socialization Skills
- Cultural Activities
- Goal Setting
- Talking Circles/Therapeutic Groups
- Smoking Prevention & Education
- Field Trips and outdoor sports (permission for each event will be required from the parent/legal guardian).
- Abstinence Information, Pregnancy Prevention, and Reproductive Education (age- appropriate).
- Arts, Crafts, Recreational Activities (may include movies and games).
- Gang Prevention
- STD & HIV Education/Prevention (age-appropriate).
- Computer & Internet Access (monitored).
- Holiday Events

Initial Following Statement:

_____ I authorize the Family Wellness Youth Center staff, volunteers and consultants to assist, teach, inform, and involve participant/child in the above services.

_____ My participant/child can participate in all of the services mentioned above.

_____ My participant/child can participate in all of the services mentioned above except for: _____

_____ I give permission to the Family Wellness Youth Center to transport my child for activities as verbally requested by a parent/legal guardian.

_____ I understand that some or all participant's/child's personal information may be shared among the Family Wellness Youth Center professional staff or referral agencies in order to better serve my participant/child.

_____ I understand I will not be charged for Family Wellness Youth Center services.

Parent/Legal Guardian's Signature _____ Date _____



NORTH FORK RANCHERIA OF MONO INDIANS OF CALIFORNIA

Tribal Office
P. O. Box 929
North Fork, CA 93643

Telephone: (559) 877-2461
Toll free: (866) 291-9909
Fax: (559) 877-2467

Release and Waiver of Liability Assumption of Risk and Indemnity Agreement (Read Carefully Before Signing)

IN CONSIDERATION of being allowed to participate in activities sponsored by the **Family Wellness Youth Center (“FWYC”)**, a governmental program owned and operated by the North Fork Rancheria of Mono Indians of California (“**Tribe**”), a federally recognized Indian tribe, including activities utilizing the use of fitness equipment, a climbing rock wall, bicycles, action sports, and other recreational activities (“**Activities**”) that may pose risks known or unknown to me, I hereby understand and agree to this release and waiver of liability, assumption of risk and indemnity agreement (“**Agreement**”) in accordance to the terms hereof as follows:

1. I take full responsibility for, and **RELEASE AND HOLD HARMLESS FWYC**, the Tribe, its officers, elected officials, affiliates, subdivisions, agents and employees (individually or together, the “**Released Parties**”) from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in Activities, included, but not limited to, losses caused by the **NEGLIGENCE OF THE RELEASED PARTIES** or otherwise.

⇒ **Initial Here** _____

2. I further agree that I **WILL NOT SUE OR MAKE CLAIM AGAINST THE RELEASED PARTIES** for damages or other losses sustained as a result of any injury, or death, sustained from my participation in Activities. I also agree to **INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASED PARTIES** from all claims, judgments and costs, including attorneys’ fees, incurred in connection with any action brought as a result of participation in Activities by any of the undersigned.

⇒ **Initial Here** _____

3. I hereby expressly recognize that this Agreement is a contract pursuant to which I have released any and all claims against the Released Parties resulting from any injury, or death, sustained from participation in activities including any claims for negligence of the Released Parties.

⇒ **Initial Here** _____

4. I acknowledge that the various Activities (as defined above and covered under this Agreement) are subject to mishap and even injury to participants, including the potential for permanent paralysis and death. I understand and acknowledge that such Activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY OR PROPERTY DAMAGE SUSTAINED WHILE PARTICIPATING IN ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

⇒ **Initial Here** _____

Nothing in this Agreement shall be construed as a waiver, express or implied, of the Tribe's sovereign immunity from unconsented suits.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND THE TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

On this day, _____ of _____, 20_____

Name of Adult Participant: _____
(Please Print)

⇒ Signature of Adult Participant: _____

Name of Minor Child Participant: _____
(Please Print)

Name of Child's Legal Guardian: _____
(Please Print)

⇒ Signature of Child's Legal Guardian: _____

Name of FWYC Witness: _____
(Please Print)

⇒ Signature of FWYC Witness _____



NOTIFICATION REGARDING CONSENT
AND EXCHANGE INFORMATION

Student's Name: _____ Student's Date of Birth: _____

Under Education Code sections 49076 and 49076.5, as amended by AB 733 the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99, as amended), and other state and federal laws and regulations regarding educational or health records (including the Health Information Portability and Privacy Act of 1996 ("HIPAA") governing data privacy and confidentiality, and further agree to adhere to the requirements of such laws and regulations in carrying out their responsibilities, **your permission is required** in order to release your student's information for the purpose of accessing public benefits, insurance, or student performance.

You need to know that:

You may refuse to sign consent form.

Information about your student and family is confidential.

Your consent to: (1) the use or release and exchange of information is good for **one year** from the date of your consent unless you withdraw your consent before that time. You will be given the opportunity to renew your consent.

Your consent to the use or release and exchange of information form is voluntary and can be revoked at any time. However, if you do revoke consent, the revocation is not retroactive (i.e., it does not negate any release and exchange of information that occurred after consent was given and before it was revoked). If you refuse to consent for the school district and/or North Fork Rancheria to access education and related services, the school district and/or North Fork Rancheria still must ensure that all required related services are provided at no cost to you.

Our partner, North Fork Rancheria holds a specific confidentiality clause to ensure information is not disclosed inappropriately. Further, North Fork Rancheria is HIPAA compliant (Federal Health Insurance Portability & Accountability Act).

Parental Consent:

I authorize the Chawanaakee Unified School District to disclose to North Fork Rancheria the following information: (1) my child's name; (2) date of birth; (3) gender; (4) attendance, (5) current academic grades and (6) student unauthorized transcripts; This information will be disclosed for the sole purpose of supporting your child's academic and attendance success.

Parent/Guardian/Surrogate/Adult Student Signature

Date

P.O. Box 400
North Fork, CA 93643
(559) 877 – 6209
www.chawanaakee.k12.ca.us

Darren Q. Sylvia
Superintendent

TBD
Business Manager

Kelly Marshall
Human Resources Director

Fred Faysal
Director of MOT & Food Service

K-8 Schools
Chawanaakee Academy Charter
North Fork Elementary
Spring Valley Elementary

High Schools
Chawanaakee Academy Charter
Minarets High School
Minarets Charter High School
Mountain Oaks High School
Manzanita
Community Day School

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