



THIS FORM MUST BE COMPLETED & SIGNED BY THE PARENT OR GUARDIAN

AUTHORIZATION OF RELEASE OF INFORMATION AND WAIVER FORM

I, the parent or guardian of _____, (print child's name, *if under age 18*) do hereby understand that the information given and obtained will be for the sole purpose of providing programs and services by the Greater Cincinnati Urban League and its program partners and volunteers.

Please initial the releases for which you give your consent.

Media Release _____ / _____ Youth Participant/ Parent or Guardian Initials	Any reporting to the general public will be generic in nature. I understand that the Greater Cincinnati Urban League (hereinafter referred to as GCUL) or any of the program partners will pay neither my child nor me for pictures and any information obtained for the purpose of promoting the program.
Liability Waiver _____ / _____ Youth Participant/ Parent or Guardian Initials	I agree to assume full responsibility for any injuries, damages or loss which my child may sustain as a result of participating in any and all program activities. I further agree to indemnify, defend and hold harmless GCUL and any program partners and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child arising out of, connected with or in any way associated with the activities of the program.
Release of School Information _____ / _____ Youth Participant/ Parent or Guardian Initials	I do hereby give my permission to GCUL and any program partners to release or obtain information about my child from any agency of the Board of Education including school data and testing scores. School most recently attended _____
Medical Release _____ / _____ Youth Participant/ Parent or Guardian Initials	I hereby consent to: 1) the administration of any treatment deemed necessary by Dr. _____ (name and phone of preferred physician) 2) the transfer of the child to _____ (preferred hospital or to any hospital reasonably accessible) EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE: _____
Consent _____ Parent or Guardian Initials	By signing this release and waiver form I affirm and hereby execute on behalf of the participant that I have read and fully understand the competence and validity of this document and warrant that I am a parent or guardian authorized to execute this release and waiver form.

Youth Participant's Name (Please Print) _____	Parent/Legal Guardian's Name (Please Print) _____
Date _____	Parent/Legal Guardian's Signature _____



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EMERGENCY DATA SHEET

Youth Name: _____ Date of Birth: _____

Medical condition(s) – Please include allergies, disability and/or diagnosis:

Current Medications:

_____ Dose _____ Frequency _____ Taken for _____

_____ Dose _____ Frequency _____ Taken for _____

_____ Dose _____ Frequency _____ Taken for _____

List other medications on back of form.

Will youth be taking medication while at work? _____ Yes _____ No
(Youth MUST be able to take medication independently; without reminder or monitoring)

Preferred Hospital _____

Physician's Name: _____ Phone Number: _____

Do you have a medical card? _____ Yes _____ No Type: _____

May staff administer First Aid/CPR? _____ Yes _____ No

Do you have a seizure disorder? _____ Yes _____ No Date of last seizure: _____

Emergency Contact Person: _____

Phone Number: _____ Relationship: _____

Guardian Name: _____ Phone Number: _____

Relationship: _____

I agree to permit staff to provide a copy of this EMERGENCY DATA SHEET for the youth named above, to attending Medical and/or police personnel in the event of a medical emergency. Permission to release this information is granted for the youth named above for the entire duration of the association with the program.

Parent OR Guardian signature: _____ Date: _____
(If participant has guardian, guardian must sign)

Staff Witness: _____ Date: _____

If further notification is needed, please contact:

Name: _____ **Phone Number:** _____

Relationship: _____

You are required to be complete this form in order to be eligible.



THIS FORM MUST BE COMPLETED & SIGNED BY BOTH THE PARENT/GUARDIAN AND CHILD

2014 DEMOGRAPHIC INFORMATION FORM

The business to which you are applying has received financial assistance through the Community Development Block Grant (CDBG) Program. This is a program of the United States Department of Housing and Urban Development. As part of the CDBG Program requirements, the business must report the number of jobs for persons of low and moderate income households.

Parent/Guardian's Name: _____ / _____
 /Child's Name **PLEASE PRINT PARENT/GUARDIAN'S NAME/ PLEASE PRINT CHILD'S NAME**

Job Title: Summer Youth Employment
APPLIED FOR OR HELD

Is Position - Full Time _____ OR Part Time X

Instructions:

- **Circle the total number of family members in your household. (Unrelated individuals are considered as one person households).**
- **In the column for your household size, circle the income range that corresponds to your total family income.**

Income Limits (% of Median Family Income)		1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	Low (80%) Income Limits	34,100	39,000	43,850	48,700	52,600	56,500	60,400	64,300
	Very Low (50%) Income Limits	21,300	24,350	27,400	30,450	32,900	35,300	37,750	40,200
	Extremely Low (30%) Income Limits	12,800	14,600	16,450	18,250	19,750	21,200	22,650	24,100

- **Please check EACH option below that applies to you.**

☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaska Native & White ☐ Asian & White ☐ Black/African American & White ☐ American Indian/Alaska Native & Black/African American ☐ Other Multi-Racial
Please check ONLY one option below that applies to you. Hispanic Origin ☐ Yes ☐ No
Please check ONLY one option below that applies to you. Female Head of Household ☐ Yes ☐ No

Each applicant must sign the form certifying the accuracy of the information provided.

I certify that this information is accurate to the best of my knowledge, and I understand that this information is subject to verification by authorized officials.

☐ Parent/Guardian's Signature: _____ Date: _____
☐ Child's Signature: _____ Date: _____



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PARENT OR GUARDIAN CONSENT FORM

(To be completed for Sixteen and Seventeen Year Olds Only)

Full Name of Minor		
Last Name	First Name	Middle Initial
Proof of Age (Minor must present a copy of proof of age that can be kept with personnel records) Type of Document Presented:		
Address of Minor		
Street Address	City, State	Zip Code
Date of Birth	Age	School District in Which Minor Lives
School Minor Attends		
Name of Parent or Guardian		Relationship to Minor
Address of Parent or Guardian		Telephone Number
Street Address		City, State and Zip
I hereby certify that to the best of my knowledge and belief, the above statements are true and that the minor named above may work with approval.		
Signature of Parent or Guardian		Date Signed
Minors aged sixteen and seventeen who are to be employed during summer vacation months after the last day of the school term in the spring and before the last day of the school term in the fall, in non-agricultural and non-hazardous employment as defined by the Fair Labor Standards Act of 1938, 52 Stat. 1060, 29 U.S.C.A. 201, and similar state statutes, or in other employment not prohibited to minors age sixteen and seventeen by law, shall not be required to provide an age and schooling certificate as a condition of employment. In order to be hired for employment during summer vacation months, such minors shall provide the employer with the following: 1) Evidence of proof of age in the same manner as proof of age is provided the superintendent of schools under division C of Section 3331.02 of the Revised Code. 2) A statement signed by the minor's parent or guardian consenting to the proposed employment during the summer vacation months. For the purpose of this section, in the absence of a parent or guardian, a person over eighteen years of age with whom the minor resides may sign such statement. <i>The employer shall retain a copy of the proof of age and the statement of consent with the minor's employment records.</i>		