100 BLACK MEN OF WEST GEORGIA, INC.

601 Union Street
P.O. Box 3106 ~ LaGrange, GA 30241
Phone (706) 812-1007 ~ Email:ohbmwg@yahoo.com ~ Web:100bmwga.org

CONSENT FORM

To Parent/Guardian:

I _____ being the parent/legal guardian of _____
(Print Parent name) **(Print child's name)**

Agree for my child to participate in the "100" Prevention Clubhouse Program located at 601 Union Street, LaGrange, Ga held **Monday- Friday (4:00pm to 7:00pm) and Saturday (11:00a.m. to 2:00 p.m.** as scheduled) and for my child to be transported to and from the program by the "100" transportation provider and to be photographed for project use.

I give permission for the 100 Black Men to collect my child's report card and disciplinary reports during the school year.

The curriculum (Too Good for Violence) cover ten components: Goal Setting, Decision Making, Identifying and Managing Emotions, Communication, Bonding and Relationships, Respect for Self and Others, Conflict Resolution, Anger Management, Identifying and Managing Bullying Situation, and Media Violence. The Activities That Teach series will be used to utilize skill development.

Participants selected for the prevention program will be administered the Gain Short Screener instrument to determined enrollment requirements. I also understand that the Gain Short Screener may be provided to school counselor for additional referral.

Participants who attend the program on a regular basis (Monday-Saturday) and maintain good behavior may be eligible to attend field trip outings. Participants will also view videocassettes on substance use prevention.

The 100 Black Men of West Georgia, Inc. agrees not to release any confidential records/information to any unauthorized person or agency without the written consent of the parent/guardian.

I have read and fully understand the above program description and operation. My signature indicates my consent for my child's participation in the program.

_____ _____
Parent/Guardian Signature **Date**

If you have any further question, please contact The 100 Black Men of West Georgia, Inc.

Thank you for your cooperation.

Cc: Parent/Guardian

The "100" Clubhouse Program
Participant Information Form

Participant Name_____
First Middle Last

Street Address _____

_____

City State Zip

Sex: ☐ Male ☐ Female School Attending _____ Date of Birth _____ Age_____

Grade: _____

Parent or Guardian Information

First Name:_____ Last Name:_____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ Email:_____

Identify the Origin that applies to the youth:

☐ Hispanic or Latino ☐ Not- Hispanic or Latino

Identify the Racial Category of the youth:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American

☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Multi-Racial (more than one race)

☐ Other _____

Please indicate below if any of the following applies to you or your child/youth.

- Is the youth involved in ongoing detention? ☐ yes ☐ no
- Has the youth attended alternative school within the past year? ☐ yes ☐ no
- Do the parent(s) have current addiction issues or been in treatment for addiction? ☐ yes ☐ no
- Is the youth experiencing education and/or social issues that would make them at high risk for substance abuse issues? ☐ yes ☐ no

  If yes explain: _____

- Does the youth have siblings who use drugs and/or alcohol? ☐ yes ☐ no
- Does the youth have siblings who are currently receiving treatment for a substance use disorder? ☐ yes ☐ no

The "100" Clubhouse Program
Participant Information Form

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Medical Information

Allergies to food/ medications: _____

Medications currently being taken: _____

Any obvious or hidden **medical conditions**: _____

Any **physical restrictions/special needs**: _____

Primary Care Physician's name and phone number: _____

In case of Emergency, please contact: (must list 2 individuals)

Name _____ Relationship_____ Phone_____

Name _____ Relationship_____ Phone_____

Who does the youth live with? ☐ Parent ☐ Guardian ☐ Grandparent ☐ Other

I give the following people permission to pick up my child:

_____ _____
Name Relationship to child

_____ _____
Name Relationship to child

_____ _____
Name Relationship to child

The "100" Clubhouse Program
Program Rules and Regulation

Participants in programs sponsored by the 100 Black Men of West Georgia, Inc. abides by the following rules and regulations:

1. Everyone is respected.
2. We refer to one another by our given name.
3. Adults are referred to by Mr., Ms., Mrs.
4. We actively participate in program activities; we do more than just get by.
5. We discuss problems and concerns with adults and leave it to them to solve them.
6. We do not take matters into our own hands.
7. Attend program on a daily basis.

The following offenses will result in disciplinary action and possible suspension from all programs sponsored by the 100 Black Men of West Georgia, Inc.

1. Attempting to cause physical harm to others.
2. Damaging property.
3. Purposely trashing property.
4. Significant attempt to escalate peers. (to anger, fight, riot, etc.)
5. Verbal abuse toward staff or peers.
6. Profanity.
7. Chronic absenteeism or tardiness. (maximum three per month)
8. Verbal interference from participant when verbal intervention is being conducted by staff with another participant.
9. A pattern of significant disruption to educational sessions.
10. A pattern of dishonest and deceitful behaviors.
11. Possession of drugs or drug related devices.
12. Possession of weapons or contrabands.
13. Horse playing.
14. Inappropriate touching.

Major offenses will be evaluated by the appropriate directors and program staff.

I, _____, agree to abide by the rules set forth by the
(Participant Name)

100 Black Men of West Georgia, Inc. I also understand the offenses listed above and understand that committing any of these offenses may result in me being suspended from the program that I attend.

I _____ have read the program rules and discussed
(Parent Signature) them with my child.

_____
Date