**WHITE PLAINS YOUTH BUREAU  
PAHL PEER ADVOCATES FOR HEALTHY LIVING**

**PARTICIPATION APPLICATION**

**11 Amherst Place \* White Plains, NY 10601  
914-422-1378 / fax: 914-422-6489**[**www.whiteplainsyouthbureau.org**](http://www.whiteplainsyouthbureau.org)

**PROGRAM PARTICIPATION RELEASE FORM**

**STUDENT INFORMATION**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. # \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_ Home phone ( ) \_\_\_\_\_\_-\_\_\_\_\_\_

Ethnicity/Race \_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Mother’s cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Mother’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**(*Person other than parent/guardian required for emergency contact*)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, as parent/ legal guardian authorize my child \_\_ , to participate in the all PAHL activities. This release grants permission for my child to participate as well as transportation within the City of White Plains as related to these program activities. Any trips taken outside the city limits will require special permission that will be sent home in advance of the trip.

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

**STUDENT CODE OF CONDUCT**

1. You must be a White Plains resident under 24 years of age; students between 18 and 24 must present

official ID and a copy will be taken and kept on file with your application when registering.

2. Proper dress is required at all times: shirts, shoes, etc. are required; hats and du-rags are not allowed.

3. You must walk and not run in the hallways.

4. Respect all equipment and furniture in.

6. Respect each other and refrain from any physical confrontations.

8. No excessively loud music or talking.

10. No smoking or use/possession of drugs, including alcohol.

12. No foul language of any kind.

14. Must comply with reasonable orders and directions from Youth Bureau staff.

16. Participants who are ill (colds, flu, etc.) should not come to the Youth Bureau.

17. **Van transportation is available on a very limited basis and is a privilege, not a right.** We strongly encourage you to make other arrangements for your child to return home (pick-up, walk, car pool, etc.). If all else fails, van transportation is available *only* to those who live 1.5 miles or further from the Youth Bureau. Disruptive behavior will not be tolerated (i.e. fighting, cursing, not following directions from driver, yelling out of window, disrespect of other passengers, etc.) Seatbelt use at all times is mandatory. Any student in violation of these rules will be subject to (1) warning, (2) suspension, (3) termination of van use privileges.

18. In case of a problem, speak to one of the Youth Bureau staff members.

The White Plains Youth Bureau is a drug free facility committed to providing a safe and secure environment. In addition to this code of conduct, all youth are expected to also comply with the White Plains School District Code of Conduct. Compliance with this code of conduct is required. Failure to comply may result in suspension/termination from the Youth Bureau.

I have read and understand the Student Code of Conduct.

Youth Signature: \_\_\_\_\_\_\_\_\_\_ Date:

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

**LIABILITY RELEASE**

In consideration of your acceptance of my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for his/her participation in the activities/programs of the City of White Plains Youth Bureau, I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may result from strenuous activity or other causes related to these activities/programs. I agree to release and hold harmless the City of White Plains, its officials, officers, agents, employees, and volunteers, from and against any and all liability, damage or claim of any nature arising out of or in any way related to my child’s participation in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever. I am advised to consult my child’s physician before allowing my child to participate in any strenuous activity. I have read, understand and agree with the terms of this release.

Signature of Parent/Guardian: Date:

**PHOTO/MEDIA RELEASE**

I, as parent/guardian, hereby consent that the City of White Plains may videotape/photograph my child, , and use the images/audio for publication/broadcast/website. I waive any claim arising against the City of White Plains from the use of such images/audio within or without the City or any other media. I understand that the City of White Plains, its employees and volunteers act solely as an agent in arranging for transportation, accommodations, and other services for special events and field trips. The City of White Plains does not assume, and in fact, expressly disclaims, any liability for injury, illness, damage, loss, accident, or delay due to any act, negligence or default of the event/trip guide, or any company or person engaged in transporting the passengers, or rendering any services or accommodations, or carrying out the arrangements for any tour, or their agents, servants, and employees.

I understand that in case of serious injury or illness to my child, I authorize Youth Bureau representatives to transfer my child to a hospital or other medical facility for treatment. A reasonable attempt to contact me or my child’s emergency contact will be made. I accept responsibility for all costs involved in the medical transport and treatment of my child.

Signature of Parent/Guardian: Date:

**VAN TRANSPORTATION**

The White Plains Youth Bureau will provide transportation **for students when and where applicable**.

VAN RULES MUST BE FOLLOWED:

* Seatbelts MUST be worn at all times. Students MUST stay in their seats.
* No use of foul language will be tolerated.
* No throwing things or leaving garbage in the vans.
* No eating in the vans.
* No bullying of other students.
* Students are expected to follow ALL directions given by the DRIVER at ALL TIMES!

**PLEASE NOTE**: The PAHL van is not a shuttle to the other side of town. Students who ride the van must participate in PAHL Activities.

Any student in violation of these rules will be subject to (1) warning,

(2) suspension, (3) termination of van use privileges.

**Van transportation is available on a limited basis and is a privilege, not a right.**

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Confirmation of permission that the child named below has permission to ride the White Plains Youth Bureau Van.

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to the terms presented in the WPYB PAHL Application regarding my child

using WPYB Van Transport.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_