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| C:\Users\Rudolph_G\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\TZOXKLSD\MC900281736[1].wmf  **Fall**  **Certification Program Application** | **Employment Training Program**  **First Presbyterian Church**  **(Student Center)**  **554 McCallie Ave**  **Chattanooga, TN 37402**  **Oct. 6th & 7th 8:30am-4:30pm** | cid:image001.png@01CE2649.171DA550  City of Chattanooga |
| Department of Youth & Family Development (YFD) | | |

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| STUDENT INFORMATION | | | | | | | | | |
| PARTICIPANT’S FULL NAME: | | | DATE OF BIRTH: | | AGE: | SEX :  \_\_\_\_MALE \_\_FEMALE | | | TODAY’S DATE: |
| GRADE IN AUGUST 2015 | NAME OF SCHOOL YOU ATTEND | | | | NAME & NUMBER OF ADULT WITH WHOM YOU LIVE | | | | |
| HOME STREET ADDRESS: | | | | CITY: | | | STATE: | ZIP: | |
| HOME PHONE: | | CELL PHONE: | | EMAIL ADDRESS: | | | PREVIOUS WORK EXPERIENCE?  YES / NO | | |
|  | | | | | | | | | |

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| PARENT/GUARDIAN INFORMATION (required if participant is a minor) | | | | | | | | | |
| **MOTHER (OR FEMALE GUARDIAN)** | | | | | **FATHER (OR MALE GUARDIAN)** | | | | |
| NAME: | | | | | NAME: | | | | |
| STREET ADDRESS: | | | | | STREET ADDRESS: | | | | |
| CITY: | | STATE: | | ZIP: | CITY: | | | STATE: | ZIP: |
| HOME PHONE: | WORK PHONE: | | | | HOME PHONE: | WORK PHONE: | | | |
| CELL PHONE: | OTHER PHONE: | | | | CELL PHONE: | OTHER PHONE: | | | |
| E-MAIL | | | | | E-MAIL | | | | |
| Emergency Contact: | | | Phone: | | Emergency Contact: | | Phone: | | |
| PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED ON ALL FORMS | | | | | | | | | |
| As the parent and/or legal guardian of the above named minor child Participant, I give permission for my child to participate in the programs and activities of the City of Chattanooga Department of Youth & Family Development.  As the parent and/or legal guardian of the above named minor child Participant, I understand that in the event of a medical emergency, I (or the designated contact) will be notified immediately and upon notification will be expected to immediately assume direct responsibility for my child’s well-being. In the event a true medical emergency occurs and the designated emergency contacts cannot be reached in a timely manner, I give my permission for the YFD staff to call the nearest qualified physician or to refer my child to an emergency medical facility. I agree to assume total responsibility for the cost of any medical treatment rendered on my child’s behalf.  I authorize the City of Chattanooga YFD to include the Participant (the above named minor child) in any photographs, films or videotapes of activities and give my permission for those images, stories, etc. to be used in the YFD’s advertising and promotional materials.  I acknowledge and agree, both for myself and for the above named minor child, that the YFD is furnishing valuable services and facilities to the Participant through participation in the Teens for Temps Summer Internship. In consideration of access to such services and facilities and for other good and valuable consideration, I release, remise, acquit and forever discharge the YFD and City of Chattanooga and its directors, officers, employees, agents, representatives and their respective successors, heirs and assigns (collectively, the "Released Parties") from, and to indemnify the Released Parties against, any and all actions, causes of action, suits, debts, controversies, judgments, claims, demands, liabilities, rights, damages, injuries, (both personal and property), costs, charges, losses and expenses (including, without limitation, reasonable attorneys' fees) (collectively, "Injuries") arising out of, by reason of, or related to (a) such Participant's participation in activities or presence at the City of Chattanooga facilities by such Participant or his or her guests, invitees or family members, (b) participation in any City of Chattanooga YFD sponsored activity other than at City of Chattanooga facilities by such Participant or his or her guests, invitees or family members, and (c) any act or omission of the City of Chattanooga and/or YFD or any other Released Party, excluding actions resulting from gross negligence of the YFD or other Released Party and specifically including any derivative claims by a person's heirs or personal representatives. **Attending the “Temps for Teens” training does NOT guarantee employment.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (If under 18, Parent Signature Required) | | | | | | | | | |