





Dear Parent;

ACTS mentoring program seeks to encourage educate and empower young ladies with tools that broaden their cultural and educational experiences beyond public school opportunities. Our young ladies are also introduced to the love of Christ and how much he desires a relationship with them. Young ladies (ages 8-18) receive services that will equip them to improve their quality of life. Workshops and activities focus on helping our members increase their self-awareness, improve their self-esteem, encourage healthy choices and promote sexual abstinence.

As part of this program our young ladies may be offered opportunities to participate in activities such as those listed below:

- Grooming/Hygiene/Beauty tips
- Confidence Building Exercises
- Other Field Trips: museums, aquariums, parks...etc
- Volunteer Work
- College Visits/Tours
- Bible Based activities
- Teambuilding Exercises

The skills ACTS mentees take from this program will enable them to be all that God wants them to be! We invite all girls ages 8-18 to come out and join us! Just follow the instructions in this packet.

Enrollment: Please fill out and sign the enclosed forms completely and mail them to the ACTS mailing address. Once all forms are completed and turned in with the registration fee the mentee will be issued a calendar of events and a T-Shirt to wear to group meetings and outings.

Attendance: It is asked that mentees participate in as many events as possible in order to fully benefit from what this program has to offer! It is required that they participate in a minimum of 15 meetings for this program year.

Registration Fee: The registration fee is \$25 which is to be turned in with the enrollment forms! If a financial hardship exists please inform our mentors as sometimes payment plans can be arranged or scholarships can be found.

ACTS Meetings: We meet two Saturday a month, unless stated otherwise. It is strongly encouraged that mentee attends all meeting! We don't want them to miss anything!

**A mentee in the ACTS Mentoring Program must:**

- Follow the rules and guidelines as outlined by the program coordinator.
- Have a positive attitude and be respectful to the mentors
- Make a school-year (or balance thereof) commitment to be active in the program.
- Be on time for scheduled meetings or call the mentor at least 24 hours beforehand if unable to make a meeting.
- Notify the program coordinator if there are any changes in mentee address or phone number
- Participate in a closure process when that time comes.

## TRAVEL AUTHORIZATION AND MEDICAL CONSENT

\_\_\_\_\_ has my permission to travel under the supervision of ACTS Mentoring Program. I am aware that the above named child is expected to attend activities similar to those listed below and will be transported in personal use vehicles:

Group meetings  
Community service

Workshops  
Social outings

### WAIVER OF LIABILITY

\_\_\_\_\_ In consideration of your accepting my child into your program, thereby for myself, my heirs, executor assigns and personal representatives, I waive and release any and all rights and claims for damages I now, and may hereafter have, whether now known or unknown, against ACTS mentoring program, its employees, agents and volunteer workers, for any injuries suffered by me or my child in connection with participating in its programs and sponsored activities. ACTS will not be responsible for the loss or theft of personal items.

### CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

\_\_\_\_\_ The undersigned authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of hospital for above named daughter if we cannot be reached in case of an emergency.

Our Consent includes, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examination, transfusions, injections, or drugs and the performing of whatever operations may be deemed necessary or advisable.

It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. This authorization shall remain in effect until revoked in writing by the undersigned, with notice to the treating physician and hospital, or until the undersigned voids their signature hereon.

### Photography/Video/School Consent

\_\_\_\_\_ Photographs are sometimes taken at ACTS activities for publicity and promotional purposes, which include, but are not limited to, presentations, web sites, brochures, and newsletters. By signing in this area, you are releasing ACTS Mentor Program to use photographs, video and audio recordings, as well as written or recorded oral descriptions of your child as stated above. These materials will be used for educational and promotional purposes only. I understand that ACTS owns all copyright to these materials.

\_\_\_\_\_ I give my permission for VIPS cleared Mentor to visit my child at their enrolled school for the purpose of having lunch with them. Mentee will not be taken out of academic class or off of the school campus during this visit. Visit will be a friendly social visit to build rapport with mentee.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

As the Parent/Legal Guardian of my child, I hereby agree to the terms and conditions presented above and I am submitting this form to permit my child to participate in the ACTS Mentor Program and all required program activities associated with ACTS. I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program. I further state that I HAVE CAREFULLY READ THE WAIVER AND CONSENT FORM IN ITS ENTIRETY AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.

This is a legally binding agreement, which I have read and understand.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Emergency Phone