



LEAP Organization

Leadership, Enlightenment, Achievement, Perseverance
Outreach, Responsibility, and Growth

1860 Wilma Rudolph Blvd
Clarksville, TN 37040
www.leaporg.net
931-378-0500
931-274-0929 (Fax)

YOUTH DEVELOPMENT INTAKE FORM

Participant's Name (First, Middle, Last)		Social Security Number	Date of Birth
Address			Gender Male () Female ()
Parent/Guardian's Name	Parents Cell Phone #	Participants Cell Phone #	
Parent's Address (If Different)	Parent/Guardian's Email Address		
Current School	Participant's Email Address		
Emergency Contact Name/Relationship	Address	Phone	
Race: Caucasian () Hispanic/Latino () Native American () African American () Asian () Other _____ ()			
Height _____ Weight _____ BMI _____ Rating _____			
Hobbies			
Reading/Writing () Sports () Describe _____ Singing/rapping () Art () Describe _____ Dancing () Other () Describe _____			
Felony or Misdemeanor Conviction Yes () No () If yes, explain: _____		Custody Status of Applicant Bio- Parents () DCS/Foster Care () Bio-Mother () Probation Services () Bio-Father () Legal Guardian () Grandparent () Emancipated Minor ()	
Needs Mentoring () Activities: Summer Trips, College Visits, etc () Tutoring () Vocational Skills/Job Readiness Training () Community Service () Internships/Employment Opportunities () Leadership Development () Mental Health/Substance Abuse Counseling ()		Referred By Voluntary () Juvenile Court () DCS () School () Social Service Agency ()	
Referrer's Name	Referrer's Phone Number	Referrer's Email	

Release Waiver/Permission Slip

I, _____ (please print parent/guardian name), being the parent or guardian of _____ (please print student name), do hereby give my permission for my child to participate in the LEAP Youth Development Program & LEAP sponsored activities as scheduled from time to time and with notification made to the parents by phone, e-mail, and/or letter.

I understand that my child will be chaperoned on these activities by LEAP staff and volunteers and that the transportation will be by private automobile or by hired bus services. I authorize LEAP staff and volunteers to visit my child at home, Clarksville Montgomery County School System (CMCSS), and receive behavioral and academic progress reports from CMCSS.

Power Schools Access Code 1: _____ Access Code 2: _____

I agree to have my child follow all program guidelines and be subject to random drug screens. I understand that any violation on my child's part may result in suspension and/or termination from the program.

I grant staff permission to take photos/video of students to be used in marketing related purposes.

I WAIVE, RELEASE, AND DISCHARGE the L.E.A.P. ORG. from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for participants death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to.

Program leaders agree to notify the parent as soon as is practical in case of emergency using the above mentioned numbers. Having given this consent, and recognizing that an emergency may occur in which my child may require medical treatment by a doctor or a hospital, I hereby voluntarily consent to such medical treatment as deemed necessary. I agree that I may be financially responsible for the cost of such diagnostic procedures and medical treatments that may be furnished to my child, who is covered by the health insurance below,

I give permission to LEAP ORG to bill my insurance company for any services covered by my insurance. I understand that any copays, deductibles, and fees not covered by my insurance are my financial responsibility. Also, I am responsible for notifying this office of any changes in my insurance plan or coverage.

Primary Insurance: _____ Policy #: _____

Subscriber Name: _____ Date of Birth: _____

Relationship to Patient _____ SSN if TriCare: _____

Secondary Insurance: _____ Policy #: _____

Subscriber Name: _____ Date of Birth: _____

Relationship to Patient: _____ SSN if TriCare: _____

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent forms, is grounds for dismissal.

Applicants Signature

Date

Parent/Guardians Signature

Date