

Please keep the top part of this form for your records

Join Youth Service

Corps, A free summer program
for 11 - 17 year olds!



Projects and activities of Youth Service Corps:

- Make friends and learn job and life skills while serving your community.
- Construct and deliver **Garden-In-A-Box** kits to neighbors to help them grow their own food.
- Develop and maintain the **Edible Park project**, to help eliminate hunger in the community.
- Maintain, map, harvest, and redistribute neighborhood fruit for the **Fruit Tree Project**.
- Create and sell healthy snacks at our **Park Cart** at the Allen Street Farmers Market.
- Partake in service-learning and fun field-trips.
- **Earn gift cards** in exchange for your service!

Please turn in the bottom part of this part of this form to the **Allen Neighborhood Center**,
1611 E. Kalamazoo St. or send it to youthprograms@allenneighborhoodcenter.org

Members Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

E-Mail (This is our main contact method for scheduling): _____

Cell Phone: _____ Parent/Guardian Name: _____

Home Phone: _____ Emergency Phone #: _____

My child has permission to leave YSC sessions by (circle all that apply):

Parent/Guardian **Walk** **Bike** **Other:** _____

Does the participating youth have any medical conditions/allergies we should be aware of? If yes, please describe:

How many shifts would you like to have each week? : 1 2 3 4

What shifts are you available? (circle all that apply):

Mondays, 10:00 am - noon **Wednesdays, 10:00 am - noon** **Wednesdays, 2:00 - 4:45 pm**
Wednesdays, 4:30 - 7:15 pm **Fridays, 10:00 am - noon**

To be answered by youth:

What does community service mean to you?

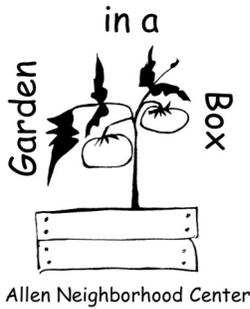
YSC shifts:

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Mondays	10:00 am - noon	Hunter Park GardenHouse, 1400 E. Kalamazoo St., Lansing
Wednesdays	10:00 am - noon	Allen Market Place Kitchen, 1629 E. Kalamazoo St., Lansing
Wednesdays	2:00 - 4:45 pm	Allen Farmers Market 1629 E. Kalamazoo St., Lansing
Wednesdays	4:30 - 7:15 pm	Allen Farmers Market 1629 E. Kalamazoo St., Lansing
Fridays	10:00 am - noon	Hunter Park GardenHouse, 1400 E. Kalamazoo St., Lansing

YSC summer hours begin
Monday, June 12

YSC projects:



If you have any questions or concerns, please contact the Youth Programs Coordinator at **(517) 999-3918** or youthprograms@allenneighborhoodcenter.org

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By signing below, I give consent that my child will participate in Youth Service Corps activities. I agree to support Allen Neighborhood Center staff in their efforts to conduct this fun and disciplined program for youth. I understand that participation in this program requires an excellent attitude and consistently good behavior. I also understand and agree to have my child transported to service learning experiences or field trips in a car driven by a YSC leader or adult volunteer. I give Allen Neighborhood Center permission to use my child's visual image for appropriate purposes, such as grant reporting and promotion of youth programs, including but not limited to: still photographs, videos, electronic and print publication, and websites. I give this consent with no claim for payment.

Youth are expected to stay the duration of the program unless previous arrangements have been made. A Parent or Guardian must be on time to pick up their youth if they are not leaving sessions independently. **If accepted into the program, youth will receive a confirmation from the Youth Programs Coordinator.**

In light of our emphasis on job-skills training, we will expect youth to contact us in advance if they are unable to come to a session they have committed to by emailing youthprograms@allenneighborhoodcenter.org, or calling (517) 999-3918.

YSC Member Name

Printed Name of Parent/Guardian

Signature

Date

Participant Waiver for YSC Beekeeping Classes

My child, _____, freely chooses to participate in hands-on beekeeping classes (“**Program**”), taught by teachers and/or volunteers (“**Instructors/Mentors**”) sponsored by Allen Neighborhood Center’s Youth Service Corps (“**YSC**”). I agree to, and sign, this *Waiver and Assumption of Risks Agreement* (“**Waiver**”) in consideration for my child being allowed to participate in the Program.

RISKS INVOLVED. My child and I understand that there are certain risks involved, as described below, with participating in the classes or projects of Allen Neighborhood Center’s Youth Service Corps. I understand that I am advised to consult with a health care provider of my own choosing (and cost) before my child participates in any beekeeping activity.

Bee stings: Honey bees generally are not aggressive toward people but are *defensive* of their hive (family and food stores). However, the degree of defensiveness of an individual colony can vary greatly from day-to-day and even within the same day, depending on various factors. Such factors include, but are not limited to, whether it is sunny or overcast; the air temperature; the degree of wind; the amount of time the hive is open for inspection; odors of the human body, breath; color and texture of clothing; the degree of sharp, quick movement around the hive; accidental killing or crushing of bees during hive inspection; whether the colony has a functioning queen; whether the colony is being harassed by skunks, raccoons or opossums at night, being invaded by ants or being robbed by other honey bee colonies or wasps; and other factors unique to a honey bee colony at the time of inspection that currently are not known to, or ascertainable by, the beekeepers.

At some point or another, a beekeeper will be stung as a result of beekeeping activities. Stings always hurt, and it is rare that a person will not experience some allergic reaction to a bee sting. Allergic reactions to honey bee stings vary from person to person, and they can vary by sting and over time.

Most people only have a *localized allergic* reaction, including one or more of the following: the skin swells and becomes red, hot and painful, and itching also may occur. The severity and duration of such localized allergic reactions vary among individuals and stings, as well as over time. These reactions may disappear over a few hours or days, but they can persist for a week or longer.

Some people have a *systemic allergic* reaction, which is far more serious than a localized allergic reaction. A systemic allergic reaction can be evidenced by emergence of itchy bumps (hives), redness and/or swelling of the skin at points distant from the site of the sting(s). A systemic allergic reaction also may include nausea, vomiting, diarrhea and dizziness. When the most serious of these reactions occurs – *anaphylaxis* – the person experiences one or more of the following: wheezing, hoarseness, swelling of the tongue, fainting, and difficulty breathing followed by a drop in blood pressure that can lead to shock and **death**. These types of reactions usually occur within minutes of the sting(s), but they can be delayed for up to 24 or more hours after the sting(s).

Mitigation & Prevention: Please wear **helmets, veils and gloves** to help minimize the potential risks of bee stings. Do not remove the bee veil until you are far away from the site of the bee hives at the Location. Bees can sting through fabric. It is recommended that you wear a light layer of clothing (**long sleeve shirt, long pants**). If you **have boots, or any kind of high-top shoes or sneakers**, wear them. If you feel scared, or are being attacked, walk away from the hives. If possible, walk around bushes and trees and through their branches to disorganize the bees following you while you continue to leave the area.

HEALTH AND SAFETY RESPONSIBILITY. I acknowledge and agree that neither Allen Neighborhood Center, YSC, nor the Instructors/Mentors are responsible or otherwise obligated to attend to any injuries, stings or medical needs that may arise during any Program, and I personally assume all risks and responsibility for such injuries, stings and medical needs. Nothing about the fact of this Waiver, or any action taken by Allen Neighborhood Center, YSC, or any Instructor/Mentor is intended to create a special relationship between any of them and me or my child.

An Instructor/Mentor may (but is not obligated to) take any action during the Program that the Instructor/Mentor considers to be warranted under the circumstances regarding their health and safety. In case of a medical emergency (and what may appear to be a medical emergency), I authorize in advance that a Instructor/Mentor secure for them whatever medical attention and treatment appears to be necessary or prudent including, but not limited to, the summoning of an ambulance and, if they are incapacitated and unable to consent, administration of medication and hospitalization, and I agree that I shall bear all costs for any such medical attention and treatment.

ASSUMPTION OF RISKS AND WAIVER/RELEASE OF LIABILITY. My child and I understand the risks involved in participating in the Program, and I hereby assume all risks and responsibilities for their own health and safety, whether or not stated in this Waiver. They have no known or suspected medical reasons, risks or problems that preclude or restrict their participation in the Program, or make their participation in the class ill-advised from the standpoint of my personal health and safety given the risks involved. In voluntary consideration for being permitted to participate in the Program:

I hereby waive and release Allen Neighborhood Center and its representatives, Allen Neighborhood Center's Youth Service Corps and its representatives, and the Instructors/Mentors from any and all liability for any and all loss, bodily injury or damage my child may sustain as a result of my participation in the Program including, but not limited to, arising from any bee stings, trips, falls, medical care my child may receive, and any medical treatment decision or recommendation made by the Instructors/Mentors.

I hereby waive and release Allen Neighborhood Center and its representatives, Allen Neighborhood Center's Youth Service Corps and its representatives, and the Instructors/Mentors from, and I agree to pay, all expenses relating to any medical care and treatment my child receives resulting from their participation in the Program.

I hereby waive, release, and agree to indemnify and defend Allen Neighborhood Center and its representatives, Allen Neighborhood Center's Youth Service Corps and its representatives, and the Instructors/Mentors and the from and against any and all claims that any other person may have and assert against any of them for any losses, damages or injuries arising out of, or in connection with, my child's participation in the Program.

PHOTO RELEASE. I grant permission to the Allen Neighborhood Center, YSC, and its representatives to use my child's photographs, motion pictures, recordings or any other record for any legitimate promotional purposes.

COMPLETE AGREEMENT. I have read this Waiver and I understand it. If any provision of this Waiver is held to be invalid or otherwise unenforceable, such provision shall be modified so as to make the provision enforceable, and the remaining provisions of this Waiver shall continue in full force and effect. If such modification is not possible, only then shall such invalid or otherwise unenforceable provision be stricken, but only to the extent unenforceable, and the remaining provisions of this Waiver shall continue in full force and effect. This Waiver is my complete and only agreement regarding the subjects covered. In signing this Waiver, I am not relying on any representation, statement or promise, oral or written, of YSC, the Instructors/Mentors, or any person associated with any of them, except what is expressly stated in this Waiver.

Child's Name: _____

Dated: _____, 2017 Parent's Signature if under 18 years: _____

Parent's Printed Name: _____

CONTACT(S) IN CASE OF EMERGENCY DURING CLASS:

Name, Telephone Number:

Relationship:

1. _____

2. _____

3. _____
