



LIVING STONES INTERNATIONAL

Mailing Address: PO Box 6747 • Tallahassee, FL 32314 • www.welivingstones.org

The staff of Living Stones International has explained the services offered by the program which include but are not limited to, care coordination, case management, health education, peer support groups, nutritional education, mental health counseling and other services as assessed and deemed necessary. I understand that participation in the program is completely voluntary. I also understand that I am free to decline participation in the program at any time.

It has also been explained to me that all information collected about me and my family is kept confidential and secure and only those authorized will have access to my information within the program. Authorized program staff includes only persons using information for the purpose of care coordination, screening for program eligibility or for purposes of evaluating the effectiveness of the project. I understand that my name will not be attached to my personal information in reports describing research or progress of Living Stones International.

I understand I may be eligible for either of the following services:

- _____ Care coordination and case management services before, during and after Children of Value (COVE) After School and Mentoring Program, Children of Inmates, Parents Engaged for Life, and Growing Together, nutritional, health and fitness education, mental health counseling and education and linkage to community resources and services.
- _____ Parents Engaged for Life support groups (PEL) services. Peer support groups last about 2 hours bimonthly. Information will be shared in a group discussion format which includes: **Gaining** facts about yourself, your health, and your wellness; **Knowing** your body, how family health history and family health habits influence us; **Learning** how stress can affect your body and mind and learn ways of reducing stress; **Learning** how to get your emotional needs met; **Learning** stress reduction strategies; **Learning** more about resources offered in your community; and **Learning** how your decision today impact tomorrow. During in peer support groups I will be asked to complete pre and post surveys for the purpose of assessing what I have learned from the groups.
- On occasions I also understand that I may be asked to participate in surveys, focus groups and/or interviews with project staff to talk about my experience in the project.

Yes, by signing below, I agree to participate in Living Stones International programs.

Consumer: _____ Date: _____

*Guardian: _____ Date: _____

LSI Staff Signature: _____ Date: _____



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Living Stones International Inc.
Children of Value (COVE) Academy
STEAMO Summer Camp Program

Today's Date _____ / _____ / _____

Name of Student (s) _____

Name of Parent or Guardian _____

Street Address _____

City, State, Zipcode _____

Contact information:

Home phone _____ Email _____

Work phone _____ Emergency phone _____

Cell phone _____ Emergency contact _____

Preferred Contact Method (circle one): Phone / Email _____

School information:

School Attending _____ Grade _____

Academic Information:

Indicate which area(s) help is needed:

Reading _____ Spelling _____ Writing _____ Math _____ Science _____ Special Projects _____

Which (if any) special services is the student receiving at school?

None _____ IEP _____ 504 _____ Title One _____ Special Education Label _____

Are there any diagnoses that affect your child's learning? _____

Does child have allergies? _____

**Living Stones International
COVE Academy STEAMO Summer Camp Program
Program Participation & Media Release Waiver**

As a student in the Children of Value (COVE) Academy summer camp program, I understand that I am responsible for the progress I make while in the program which is affected by how hard I work and my attitude. My counselor will lend assistance but will not do the work for me.

As a participant in COVE Academy summer camp program, you are expected to:

- Attend scheduled sessions and arrive in orderly conduct from Living Stones' vans and arrive on time if dropped off. *If unable to attend, please notify LSI at least 24 hours (one day) in advance. In case of illness or emergency, notify LSI at least one hours in advance. Call (850) 765-0320.*
- Approach the sessions with a commitment to learning and willingness to work hard.
- Have a good attitude about being part of the program.
- Inform COVE staff of any problems or concerns you may have which are related to summer camp.

I Agree:

- That services will be discontinued if there are chronic absences or if my behavior is continuously disruptive to the other students in the program.

I _____ (circle one) give/do not give my permission to have my child _____, **be photographed at any time during various activities** during my child's enrollment at a THA after school event, newsletter, website or news media occurrence. *Please note that due to sponsorship some photographs are necessary. Therefore, if your child can not be photographed they may not be allowed to participate in some activities.*

By signing below, I agree not to hold the Tallahassee Housing Authority (THA), its SERVICE PROVIDER – Living Stones International, here forth known as SERVICE PROVIDERS, its employees of officers liable for any injuries or accidents in connection with my child's participation during any event while participating in a program offered by a SERVICE PROVIDER of Tallahassee Housing Authority. In the event that I cannot reached in an emergency, I hereby give permission to the physician selected by the staff member in charge of the activity to hospitalize, secure proper treatment for, and/or to order injection, anesthesia, or surgery for my child named above. I understand that THA nor the SERVICE PROVIDER will not cover any medical expenses due to injury received through my child's participation in the Programs.

Both my child and I agree that when he or she is participating in the program. That he or she will cooperate promptly and fully with all directions of THA's personnel and its service provider. We also agree that he or she will follow all THA and SERVICE PROVIDER rules and regulations, and all applicable City of Tallahassee, State and Federal laws, rules and regulations. We understand that his or her failure to behave appropriately may result in termination from the program.

(Parent/Guardian Signature)

(Date)

Summer Camp:

Sessions will be available on the following days/times, Monday through Friday 8:30 am to 3:00 pm.

**Waiver Permission to Transport Child
COVE Academy Summer Camp Program of Living Stones International Inc.**

Participant's Name _____ Date of Birth ____/____/____

Address _____

School: _____ Grade ____ Age ____

Parent/Guardian Name(s) _____ Phone _____

Emergency Contact(s) _____ Emergency Phone _____

I give permission for my child to be transported in a motor vehicle driven by a program staff member or volunteer while participating in COVE Academy activities, Monday through Fridays, for the duration of the program. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers.

I have read, understand, and discussed with my child that:

- 1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety belt while traveling;
- 2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- 3) Riding in a motor vehicle may result in personal injury or death; and
- 4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, my child, my executors and assigns, further agree to release and forever discharge Living Stones International Inc., COVE Academy, and their employees and volunteers including Tallahassee Housing Authority and its employees and volunteers from any claim I could bring on my child's behalf regarding any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date ____/____/____