

**Tiwahun Complex**

# KEEP THIS PAGE

**11200-B Santos Sanchez**

**Ysleta del Sur Pueblo, TX 79927**

**Phone 915.790.0227**

**Fax 915.872.8651**

**www.ysletadelsurpueblo.org**

July 1, 2024

Dear Parent/Guardian:

The Department of Tribal Empowerment is incorporating Positive Action with the After-School Programto provide a tested and proven prevention program. The goal of this program is to empower youth to resist the dangers of substance abuse and encourage them to make healthy choices. It will also help them to improve the skills they need in life.

Your youth has been selected to participate in Positive Action with other youth. The program consists of four weekly lessons to be held at the Tiwahun Complex. There is no cost for your youth to participate in this program, and participation is voluntary. Youth Program Facilitators work closely with the After-School Program participantsto ensure that this program does not interfere with your youth’s required lessons, classes, or activities. If you would like more information about this program, you may visit <https://www.positiveaction.net/> .

Attached is a session outline of Positive Action lessons and a copy of your youth’s rights as a participant. If you have any questions or concerns, please contact the Youth Program Coordinator at 915-790-0227. This consent form expires August 31, 2025.

Please return this consent form attached to the application form.

Signature Page may be returned to Tiwahun Complex or sent to Tiwahun Complex at 11200-B Santos Sanchez, Ysleta del Sur Pueblo, TX 79927, fax to 915-872-8651.

HHSC-SA Prevention – YPS Consent Instructions– Rev. 08/16

This program is funded by the Texas Health and Human Services Commission to provide substance abuse prevention services. For more information regarding these services please visit <http://www.hhsc.state.tx.us>.



**2024-2025 BRAVE Program After School Session**

**Registration Form**

|  |
| --- |
| Participant INFORMATION |
| Last Name:  | First Name: | DOB: | Age: | Gender: M F |
| Tribal Status: | **⃝** Tribal Member | Census #: |  |  |  |  |  | **⃝** Non-Tribal  |  |
| Street Address: | City: | State: | Zip Code: |
| School Name: | School District: | Grade Level: |
|  |
|  |
| Participant Medical information |
| Primary Care Physician: |  | Phone Number: |  |
| Insurance Carrier: |  |  |
| Current Medication: |  | Medication Allergies: |  |
| Food Allergies: |  | Other Medical Conditions: |  |
|  |
| **SUn Safety** |
| I understand the YDSP Program will be promoting the importance of sun safety in all summer activities. The sun safety policy is in place to protect children, youth and sport/recreation program staff from the potential danger of too much sun exposure. I understand the program will have sunscreen (SPF 30+ or more) available for my child and all youth to use when necessary.  **⃝** I allow ⃝ I do not allow |

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| --- | --- | --- | --- | --- | --- |
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| **Transportation Services (must remain the same throughout programming)** |
| **Afternoon Drop Off:**\*Parent must sign out child during drop offs as per new policy standards | **District 1 Bus Stops**□ #1 Juanchido/Granillo (HHS) □ #2 Nakitu/Alton Griffon (ELC)  | **District 2 Bus Stops**□ #1 Santos Sanchez/Santiago Bustamante □ #2 Bernardo Holguin/Jose Granillo□ #3 Tomas Granillo/Pablo Silvas□ #4 Tomas Granillo @ Bright Stars | **Parent Pick Up** □ Tiwahun Complex |

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| **Transportation/Administration of First aid and CPR medical consent** |
| While I realize that all precaution will be taken for safety of the students, I understand that neither the monitors nor Ysleta del Sur Pueblo will be held responsible in case of an accident. I recognize that my child may require medication during program hours or may be injured while on YDSP property and rendering of first aid (i.e. antiseptic spray and/or Neosporin), may be necessary. CPR will be administered whenever necessary by certified staff members. When necessary, the appropriate emergency personnel will be called to assist. If an accident or illness occurs, I authorize the program’s designated representative(s) to consent to a physician and/or emergency medical and/or surgical treatment. It is further understood that program staff will notify parent/guardian as soon as possible if an emergency occurs, but in no way is treatment to be delayed until that time. I hereby release YDSP of all liabilities for any injury or property damage that may occur while child is being transported. ⃝ I allow ⃝ I do not allow |
| **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date |

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| **Photo Release** |  |  |
| I understand my child’s picture may be taken for YDSP Summer Program promotional purposes only. This includes pictures with a camera and/or video recorder. Equipment used for this purpose will be owned by the Department of Tribal Empowerment. I understand that these pictures may be included but not limited to advertising literature on social media, presentations and brochures. **⃝** I allow ⃝ I do not allow  |
| **I have read and understood all release statements by signing below** |
| **X** |  |  |
| Parent/Guardian Signature |  | Date |

|  |
| --- |
| Parent INFORMATION |
| **Mother’s/Guardian’s Last Name:**  |  First Name: | Cell Phone No.: |
| Tribal Status: | **⃝** Tribal Member | Census ID: |  |  |  |  | **⃝** Non-Tribal |  |
| Mother’s Email: |  | Home Phone No.: |
| Street Address (if different): | City: | State: | Zip Code: |
|  |
| **Father’s/Guardian’s Last Name:**  | First Name: | Cell Phone No.: |
| Tribal Status: | **⃝** Tribal Member  | Census ID: |  |  |  |  | **⃝** Non-Tribal |  |
| Father’s Email: |  | Home Phone No.: |
| Street Address (if different): | City: | State: | Zip Code: |
|  |
|  |
| IN CASE OF AN EMERGENCY |
| Name of local friend/relative (not living at same address): | Relation to participant: | Home Phone: | Work Phone: | Cell Phone: |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |

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| --- |
| **Authorized Persons for Pick Up (MUST BE 16 YEARS +)** |
| Name of local friend/relative (not living at same address): | Relation to participant: | Primary Phone Number: |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| **NOTICE OF RELEASE:** I do hereby authorize the YDSP Summer Program to release my child(ren) to the above listed people in the event I am unable to pick him/her up myself. I release the YDSP Summer Program from any and all responsibility for problems that may develop when such persons take my child from the premises.  |
| **X** |  |  |  |  |
|  | Parent/Guardian Signature |  | Date |  |
|  |  |  |  |  |

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| --- |
| Parent Reference Manual |
| I have read, understand and agree that my child and I will abide by all program policies and guidelines outlined in the Parent Reference Manual. I understand repeated failure to follow these policies and guidelines will result in consequences which may include: suspension from the program or transportation; referral to Social Services and/or Tribal Court; and/or removal from the program.**⃝** I received the Parent Reference Manual  |
| **X** |  |  |  |
|  | *Parent/Guardian Signature* | *Date* |



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# YPS Consent Form Signature Page

***□ I would like my youth,***  , ***to participate in this program.***

***□ I do NOT wish for my youth,***  , ***to participate in this program.***

***□ I would like*** ***to participate in this program (For Youth over 16 Years of Age).***

***□ I do NOT wish*** ***to participate in this program (For Youth over 16 Years of Age).***

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Print: Parent/Guardian (Youth if over 16 Years of Age) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Parent/Guardian (Youth if over 16 Years of Age)

Section below line for office (Youth Program Facilitator) use only.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Youth Program Facilitator Date Form was Returned

HHSC-SA Prevention – YPS Youth Consent Form Signature Page– Rev. 08/16

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# Participant Rights

## Participants shall have the right:

1. To be free from abuse, neglect, and exploitation.
2. To be treated with dignity and respect.
3. To file a complaint with (Department of Tribal Empowerment) or the Health and Human Services Commission at any time.
4. To be free from unlawful discrimination based on race, color, national origin, religion, sex, age, or disability.
5. To know about the prevention program, including the program content and the length of the program before agreeing to participate in it.
6. Not participate in any session when they or their parents/guardians do not feel comfortable.
7. To expect that all discussions will not be shared outside this group unless there is suspected harm to self or others.

***Complaints to the organization may be made by calling: 915-790-0227***

***Complaints to the funding agency may be made to the Texas Health and Human Services Commission by calling 1-800-832-9623.***

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**PROGRAM START DATES**

 **After School Program Orientation**

* July 25, 2024 6:00 PM Microsoft Teams

 **After School Program BEGINS**

* **July 29th** -YISD participants will begin attending programming after school pick up.
* **August 5th -**SISD participants will begin attending programming after school pick up.