

LEAD UP Parent-Guardian Consent & Approval Form

Thank you for your participation in completing this form. Your participation, feedback, and support of your child is very important.

Parent/Guardian Consent Form Deadline is May 10th at 8:00 am!

Thank you for your interest in the LEAD UP program. As a parent/guardian, your participation, involvement, and support of your child is very important. The LEAD UP (Leadership, Education, Adolescent Development and Unlimited Potential) Youth Achievement Program is for racial/ethnic minority youth who are invited to participate in the program between 9th grade through the first year of college. The program provides leadership and college preparation supports for youth who really want to achieve in life, beginning with their education. To learn more about the Lead UP program visit myleadup.com.

The participation and support of a parent and/or guardian is very important to the success of young people in life and in participation in the program. If your youth is applying to participate in LEAD UP, it is very important that we know the youth has the interest and support of a parent/guardian. The following information provides a brief overview of the program, as well as collect some basic information from you about you and your youth that will be necessary for participation in the LU Program and Summer Academy. As part of the program requirements to host students at KU, we have to ensure we have current information (e.g., insurance information) on file, therefore, an updated consent form must be provided by the parent/guardian each year.

Participation in the program includes the following:

Youth participation in the three-day summer academy at KU! The academy cost is \$170. If you need to subsidize some of the costs, please indicate it in the application as a limited number of partial scholarships may be available.

Youth participation in online weekly communications (e.g., text messages, emails) provided through the LEAD UP Collaboratory (myleadup.com) including the Achiever 365 blog and other tools.

Parent/Guardian participation in the LU Connect blog and online resources available through the LEAD UP Collaboratory.

Youth Participation in monthly LEAD UP Meet Up sessions hosted with the partnering community or school organization who referred you to the program.

ALL youth who want to participate in LEAD UP must complete either a new or continuing renewal online application by May 10th at 8:00 am.

As part of completing the online application, the following are required:

Submission of an online application by the youth. Youth are required to complete all questions in the online application. Youth should make sure they are ready to complete the form and submit the required and have some time before you begin the online application. (Note: The application for returning LU Achievers is briefer.)

Provide well-written responses to the essay questions in the application (make sure they proofread), It is recommended that youth review the essay requirements and complete the essay in another document like Word BEFORE they begin the online application. Then, they can copy and paste or attach the essay response into the

online application (make sure if you copy and paste you check the formatting in the online application);

Submit a copy of their most recent grade card/report from the last school year (for BOTH fall and spring semesters).

Parents/Guardians complete an online form that verifies approval for the youth to participate in the program. (A separate online consent form must be completed by a parent/guardian for EACH youth applicant.) Parents/guardians will have to complete and provide information related to your health provider contact information and insurance, dental provider contact information, and some other basic information. If you child has participated before in the program we still need to complete and update this information each year.

If you have questions or need additional information contact Dr. Jomella Watson-Thompson at leadup@ku.edu.

Contact Details

Thank you for your interest in LEAD UP. As a parent/guardian, your participation, involvement, and support of your child is very important.

The participation and support of a parent and/or guardian is very important to the success of young people in life and in participation in the program. If your youth is applying to participate in LEAD UP, it is very important that we know the youth has the interest and support of a parent/guardian. The following information provides a brief overview of the program, as well as collect some basic information from you about you and your youth that will be necessary for participation in LEAD UP. As part of the general program requirements for LEAD UP, we have to ensure we have current information (e.g., insurance information) on file, therefore, an updated consent form must be provided by the parent/guardian each year.

Parents/guardians will have to complete and provide information related to health provider contact information and insurance, dental provider contact information, and some other basic information. If you child has participated before in the program we still need to complete and update this information each year.

If you have questions or need additional information contact Dr. Jomella Watson-Thompson at leadup@ku.edu.

Parent ID

Third letter of your first name

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

Second letter of your mother's first name

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

Your middle initial

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

Second letter of your last name

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

First letter of your birth month

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T
- U
- V
- W
- X
- Y
- Z

Your PARENT ID is

[parent_id_1][parent_id_2][parent_id_3][parent_id_4][parent_id_5]

1. How many child(ren) do you have interested in participation in the LEAD UP program on this year?

- 1
- 2
- 3
- 4
- 5

2. Name of the participant: What is the name of your child for whom you are completing this form?

(Please include first and last names. Also, please note that you need to complete a separate online parent consent form/application for each child.)

3. Is your child, participating in the ThrYve project in Kansas City, KS?

- Yes
- No

3a. Please select if your child is participating in any of the following summer programs (select all that apply):

- ThrYve Project in Kansas City
- Learn to Earn-Historic Northeast-Midtown Association, Kansas City, KS
- Boys and Girls Club, Kansas City, KS
- KCPD Summer Job Program
- KCKPS Summer School
- KC United Summer STEAM Camp
- KC United Education and Youth Football and Cheer league
- Kids of Campus, Kansas City, Kansas Community College
- Heartland 180
- Police Athletic League
- Reach KCK
- Saturday Academy
- S.N.A.P.B.A.C.K
- Urban Scholastic Center
- Work Force Partnership
- Young Women on the Move
- Other
- Not participating in any other summer programs

4. Parent/Guardian First Name: _____

4a. Parent/Guardian Last Name: _____

5. What is your relationship to the participant (e.g. mother/father)?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Guardian
- Other (please specify):

5a. Other (please specify): _____

6. Parent/ Guardian Phone Number: _____

7. Parent/Guardian Email: _____

7. Do you have a social media account? (We would like to add you to our social media sites, if you have one. Your info will not be shared with anyone.)

- Yes
- No

7a. Do you have a Facebook account?

- Yes
- No

7b. What is your Facebook username? _____

7c. Do you have a Twitter account?

- Yes
- No

7d. What is your Twitter username? _____

7e. Do you have an Instagram account?

- Yes
- No

7f. What is your Instagram username? _____

7g. Do you have a LinkedIn account?

- Yes
- No

7h. What is your LinkedIn username? _____

7. Please select the one that applies:

- My child is under 18 years of age.
- My child is over 18 years of age.

Participation in LEAD UP Activities

8. Do you provide consent/approval for your child to upload/attach a copy of their grade card with their online application (which is a requirement for program participation and will only be used for program purposes)?

- Yes
- No

8a. Please comment on why you are not providing consent for your child to upload a copy of their grade card.

9. What supports/resources do you think would be helpful to you as a parent/guardian to receive from the LEAD UP program on this year?

(Indicate at least two or more resources, supports, and/or topics that you would like to receive this year to help your child(ren) make decisions or prepare academically and professionally for your future.)

9a. Would you be interested in participating in LEAD UP Summer Academy sessions with your child?

- Yes
- No

9b. Which of the following modes will be most convenient for you to participate?

- In-person
- Phone
- Video-conference

10. Do your child(ren) have any health concerns that LU program staff should be aware?

- Yes
- No

10a. Please describe the health concerns.

(Please identify allergies (to include foods), health problems, medications, or other concerns.)

11. Family Medical Contact: What is your child(ren) Doctor's Name?

12. Family Medical Phone #: What is your child(ren) doctor's phone number?

13. Dental Provider: What is your child(ren) dentist's name?

14. Dental Provider Phone #: What is your child(ren) dental provider phone number?

15. Medical/Hospital Insurance Provider: What is the name of your child(ren) medical insurance provider?

16. Medical/Hospital Insurance Group #: What is your group number on your child(ren) insurance card?

17. Policy Holder's Name: What is the policy holder's name on your child(ren) insurance card?

_____ (Enter "None" if you do not have insurance.)

18. Policy #: What is your policy number of your insurance card?

_____ (Enter "None" if you do not have insurance.)

19. Additional Information that may be helpful to know about your child (e.g., allergies, EPI Pen injection, medication dosages):

For parents of children under 18 years of age

20. Photo Release: I give permission to the University of Kansas, the Center for Community Health and Development, and their staff to use photographs, video images, or other likenesses of myself and/or my child, and the attached written statements, for the following purposes:

- Use in education and training activities and materials (including print and on line or electronic instructional materials) by the University and Center for Community Health and Development.
- Use in print or electronic form in public documents, speeches, or talks, brochures (handouts), newsletters/bulletins, by the University or Center for Community Health and Development.
- Use in websites for educational, public relations or promotional purposes which may result in the raising of funds for the Center for Community Health and Development.

I understand that the images and written statements described above may be included in, copied and shared in different forms of print or electronic media. I understand that my and my child's name will not be included with the images or statements.

I understand that I can change my mind about giving permission and cancel this authorization at any time so long as the material has not yet been used or shared. If I change my mind about giving permission, in order to cancel this authorization, I must contact the University and the Center for Community Health and Development in writing at the following address:

Center for Community Health and Development
University of Kansas
1000 Sunnyside Avenue, 4082 Dole Center
Lawrence, KS 66045
785-864-9484
communityhealth@ku.edu

If I change my mind about giving permission and cancel this authorization after images and statements have been used and shared, I understand that it might not be possible undo actions that have already taken place. If I change my mind about giving permission and cancel this authorization, the University and the Center for Community Health and Development will not use or share my images or statements for new purposes. Whether or not I give my permission for my images and statements to be used and shared, this will not change any treatment, payment, enrollment or eligibility for services or benefits from the University and the Center for Community Health and Development. I understand that the images and statements may also be shared by those who receive and/or view them, and as a result, will no longer be protected by federal privacy rules.

I give my permission knowing that there is no promise of payment for doing so. The photos, video images or other likenesses and the attached statements become the property of the University of Kansas and I release to the University any right, title and/or interest of any kind that I and/or my child may have in the information or images produced.

(Select all that apply.)

I agree.

20a. Comment about photo release (if applicable)

21. Disclaimer: The University of Kansas and sponsor organizations and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives, are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with the group and all related activities associated with the group, including injury, loss or damage.

Yes, I agree

22. Assumption of Risks: IN CONSIDERATION OF the University of Kansas allowing me or my child to participate in events, activities, or travel and all related activities associated with the group, including participation in meetings, events, and all activities related to the group (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

Yes, I agree.

23. Release of LIABILITY and AGREEMENT:

IN CONSIDERATION OF the University of Kansas allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child's participation in the Activities.

2. TO WAIVE and RELEASE the University of Kansas and any partnering organizations or institutions (University of Kansas) from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.

3. TO INDEMNIFY and HOLD HARMLESS, LEAD UP and/or ThrYve and any related activities and any partnering organizations or institutions (University of Kansas) from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.

4. TO INDEMNIFY and HOLD HARMLESS, LEAD UP and/or ThrYve and any related activities and any partnering organizations or institutions (University of Kansas) from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

Yes, I agree to all statements 1, 2, 3, 4 above.

24. By signing, I confirm that I am the person legally responsible for this applicant and approve their submission of application materials to participate in the LEAD UP program, if selected.

Yes, I agree.

25. We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in LEAD UP and/or ThrYve and any related activities, including any use of private or public transportation deemed necessary by the persons in charge of the Youth Group for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Group. We also understand that the participant may be photographed or appear in video for such purposes as deemed necessary.

Yes, I agree.

26. KU Facility and Housing Policies:

In order to participate in the LEAD UP Summer Academy and to use campus facilities, including staying in the dorms, using the food hall, and other amenities, The University of Kansas requires participants in the program to follow certain policies and regulations to protect and promote educational activity, maintain order, and manage behavior affecting the freedom and privacy of others. The University has the authority to establish and enforce campus and housing policies and regulations, consistent with applicable statutes and Board of Regents policies.

Obedience to the applicable laws, policy, procedures, and conduct rules of the University is expected of all residents, visitors, and guests. Acts contrary to federal, state, or local laws, and university regulations such as, but not limited to, sex offenses, gambling, possession and/or use of illegal drugs and/or controlled substances, theft, and disruption constitute violations of policy. Recognition of the personal and property rights of others is expected of residents, visitors, and guests. Weapons are prohibited in all Student Housing facilities. All facilities are alcohol-free and smoke-free. If any of these terms are violated, the youth(s) involved will be asked to immediately leave and parents/guardians are responsible for promptly picking up the youth from the summer academy (without any money returned if the youth did not complete the summer academy).

Yes, I understand and agree that my child will abide by KU campus policies. I understand if the child violates a policy it is my responsibility to immediately pick the child up from the summer academy.

27. I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by selecting this box for this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from the date this form is completed. I also understand by signing my name below I am verifying that I am a parent/legal guardian for this youth.

Yes, I agree.

Sign your name here to confirm and verify you are a parent/legal guardian.

Date this application form was completed and submitted by the parent:
