



TEAM FOCUS KENTUCKY

Dear Parent/Guardian:

Team Focus is a year round mentoring program for young men ages 10 to 18 who have no father figure in their life or the father or stepfather has minimal contact with your young man.

Team Focus originated in Mobile, Alabama in 2000 by founders Mike and Mickey Gottfried. Since then, Team Focus has grown to serve over 3,000 fatherless young men all over the country. Team Focus conducts Leadership Camps as well as activities and mentoring services throughout the school year to encourage young men to grow into their God-given destinies as leaders. Team Focus is not for at-risk young men, but for young men with positive leadership potential.

Attached is an application for the custodial Parent/Guardian to complete. On page two of the application there is a section for the child/Team Focus applicant to write why he wants to be a part of Team Focus.

All lines and all pages of the application must be completed and returned to:

Bill Baldrige
217 Circle Drive
Morehead KY 40351
(606) 462-0214

Once we receive your child's completed application along with a photo and a copy of his most recent report card, you will be contacted by the director of that chapter.

Thank you for your interest and cooperation in completing the attached application. If you have any questions or concerns please call our office at 251-635-1515 or my cell listed above.

Sincerely,

Bill Baldrige
Team Focus



"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future." Jeremiah 29:11

TEAM FOCUS KENTUCKY APPLICATION

Must be filled out by parent/guardian. Please print clearly in blue or black ink.

ALL QUESTIONS MUST BE ANSWERED FOR THE CHILD TO BE CONSIDERED

YOU WILL BE NOTIFIED IF YOUR CHILD IS CHOSEN

Child's Name		
<i>First</i>	<i>Last</i>	<i>Nickname (if goes by)</i>

Age _____ Birth date ____/____/____ Home Phone (_____) _____ - _____

Race:

<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		

Home Mailing Address: _____
Street

City _____ State _____ Zip Code _____ Child Cell (_____) _____ - _____
DO YOU TEXT? YES NO

E-Mail Address (Parent/Guardian): _____

E-Mail Address (Child): _____

Current Grade Level _____ School Name _____
(4th grade, 5th grade, etc...)

School Phone Number _____

Who has custody of child:

1. _____ / _____
Parent/Guardian Name Relationship
Daytime Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

2. _____ / _____
Other Parent's Name Relationship
Daytime Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

3. Grandparents Name: _____ Phone #: _____

For Team Focus Director's use only:

Chapter Location: _____

New Member

I, _____ met with applicant on _____
Director's Name

_____ Date Accepted Denied

Accepted into program Accepted to camp

For Team Focus Office use only:

Date Received: _____

Data Entered

If new, accepted to program letter mailed

Notes: _____

B-17

Who lives in your household with the young man now? (List everyone living in your household, even if temporary)

(1) _____ Full Name	_____ Relationship	(2) _____ Full Name	_____ Relationship
(3) _____ Full Name	_____ Relationship	(4) _____ Full Name	_____ Relationship
(5) _____ Full Name	_____ Relationship	(6) _____ Full Name	_____ Relationship

How often does your son see or talk to his father/step-father? _____

Please describe their relationship. _____

Confidential Information: Does your child have any emotional, physical, or behavioral conditions that might affect his program experience? If so, please explain: _____

Who recommended you to Team Focus?

Name Relationship or Occupation Phone: () _____ - _____

CHILD – Please write in your own words why you want to be a member of Team Focus (Attach another sheet of paper if necessary).

MOTHER/GUARDIAN – Why do you want your son to be a member of Team Focus? _____

COMMENTS – Please use this space for other information that would help us better meet your son’s needs.

A recent photo and a copy of his most recent report card must be attached.

Please return your application (5 pages) to:

Bill Baldrige
217 Circle Drive
Morehead KY 40351
(606) 462-0214

Team Focus does not discriminate on the basis of race, color, national origin, religion, disability or age either in the selection of participants in the Team Focus program or in the delivery of program services.

Team Focus-Emergency Medical Information

Every line on this form must be completed for your child to participate in Team Focus.

CHILD'S NAME: _____

ADDRESS: _____
 STREET CITY STATE ZIP

BIRTHDAY: _____/_____/_____ Race: _____

PARENT/GUARDIAN/OTHER EMERGENCY CONTACTS:

NAME: _____ RELATIONSHIP: _____

HOME PHONE: () _____ - _____ WORK PHONE: () _____ - _____

ADDRESS: _____
 STREET CITY STATE ZIP

NAME: _____ RELATIONSHIP: _____

HOME PHONE: () _____ - _____ WORK PHONE: () _____ - _____

ADDRESS: _____
 STREET CITY STATE ZIP

HEALTH INFORMATION STATEMENT

PLEASE LIST BELOW ANY INFORMATION YOU FEEL THE STAFF MAY NEED TO MAXIMIZE THE SAFETY AND THE WELL BEING OF THE MEMBER. **PLEASE BE SPECIFIC** INCLUDING ANY INFORMATION RELATING TO THE CONDITIONS LISTED. IN CASE OF EMERGENCY, THIS HEALTH INFORMATION MAY BE THE ONLY SOURCE OF ACCURATE IMPORTANT INFORMATION. THIS INFORMATION IS **CONFIDENTIAL**.

Please Note: All medications, which accompany the member to activities, will be given to the Athletic Trainer. The trainer will dispense medication in accordance with the directions provided by the parent/guardian. All authorized over-the-counter and prescription medications should be listed on this form.

ALLERGY TO MEDICINES (including penicillin, tetanus...) _____

MEDICATION THAT NEEDS REFRIGERATION: _____

Was your child on any medication during the school year? If yes, please list name of medication and reason for prescription:

MEDICINES CURRENTLY BEING TAKEN BY CHILD (including non-prescription or over-the-counter medications)

*Please list names, doses, and times to be taken.

FAMILY DOCTOR'S NAME: _____ **PHONE #:** () _____

CLINIC/HOSPITAL: _____ **CITY:** _____

HEALTH INSURANCE PROVIDER: _____ **POLICY #:** _____

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME BEFORE MEDICAL PERMISSION IS GIVEN TO TREAT MY CHILD.

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand that if my child becomes ill or injured, my health insurance is primary coverage for those expenses. The Team Focus/GMAC Bowl carries accident insurance, which is secondary coverage in the event of injury.

Signed: _____ Parent/Guardian Date: _____/_____/_____

A COPY OF YOUR SON'S MEDICAL INSURANCE CARD MUST BE INCLUDED BEFORE THE APPLICATION CAN BE PROCESSED.

Team Focus-Release of Liability

CHILD participant and parent/guardian must complete and sign in the presence of two (2) witnesses.

This form must be completed and returned for your child to participate in the Team Focus activities throughout the year.

CHILD'S NAME: (please print) _____

TO TEAM FOCUS

I understand that my son _____, has the opportunity to participate in **TEAM FOCUS** and its various events. I give Team Focus permission to contact my son's school, receive a copy of all records and communicate with school officials as necessary.

I understand that travel to and from camp and any additional activities is my responsibility over which the Team Focus has no responsibility or control.

I further understand that during Team Focus, transportation will be required for certain events, including but not limited to: fishing, eating out and bowling. In the event of inclement weather, Team Focus staff may transport my child to another facility. Further, participation in the Camp and its various events and activities is voluntary, and the undersigned are aware of, and agree to abide by the rules and regulations of the camp.

In consideration for Team Focus, permitting my child the opportunity to participate in these activities, I, in full recognition and appreciation of any risks, hazards or dangers inherent in these activities to which my child may be exposed, do hereby agree to assume all of the risks and responsibilities surrounding my child's participation in such activities, with full knowledge and understanding that transportation to and from the program is not the responsibility of Team Focus. Further, I do myself, agree to hold harmless and indemnify, release and further discharge Team Focus, and all of its trustees, officers, agents, servants and employees from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation in and which may result from causes beyond the control of, and without the fault or negligence of Team Focus, its trustees, officers, agents, servants and employees during the period of the student's participation as aforesaid.

I fully understand the risks involved in my child's participation in these activities including risks in physical activities, which may include swimming under supervision of a lifeguard and transportation to and from various events. My child is physically able to participate in such activities. I understand that the Team Focus and its trustees, officers, agents, servants and employees assume and accept no liability for personal injury or loss of life or damage to personal property.

IN WITNESS WHEREOF, I have caused this Release to be executed on _____ day of _____, 20_____.

Parent/Guardian Signature

Witness

Date

Date

Child Signature

Witness

Date

Date

Transcript and Grade Release Form

I give my permission for any employee of Team Focus to contact _____'s school, meet with him during school hours, view or receive a copy of all his records, and communicate with school officials when necessary, as long as he is a member of Team Focus.

NAME OF SCHOOL _____

CITY _____

STATE _____

Online Code to Access Grades: _____

Parent or Legal Guardian:

(PRINT NAME)

(SIGNATURE)

(DATE)

Must be signed in order to be accepted into the Team Focus Program.

All information is confidential.

DISCRIMINATION COMPLAINT RESOLUTION GUIDELINES FOR BENEFICIARIES/PROSPECTIVE BENEFICIARIES:

Recognizing that complaints may arise, the following are the Team Focus guidelines for resolution of discrimination complaints:

1. All discrimination complaints are to be brought to the attention of the Human Resources Director. It is our hope that most, if not all, complaints will be resolved through a free exchange of communication between the complainant and the Human Resources Director.
2. Any discrimination complaint not resolved to the beneficiary's/prospective beneficiary's satisfaction in conversation between the beneficiary/prospective beneficiary and Human Resources Director must be submitted in writing, to the Human Resources Director for consideration. The complaint should include the following information:
 - a. Statement and basis of the complaint;
 - b. Date of the occurrence; and
 - c. Attempts made to resolve the complaint.
3. Complaints of discrimination may also be filed directly with the Office of Civil Rights.