



“Feeding Minds, Empowering Lives, Inspiring Holistic Lifestyles”

THE ONLY WAY TO RELEASE YOUR CREATIVE ABILITY AND UNLOCK YOUR PASSION
BECOME A “REINCARNATION” YOUTH!

Free **YOUTHSHIP**
And Endless **OPPORTUNITIES**

Don't just Talk about it.....BE ABOUT IT!

Our Initial

REQUIREMENTS

- + You must be a Duval County Resident
- + Be between the ages of 13-24 or
(Middle/High School @ Charles Clark Community Center)

HOW TO BECOME A YOUTH:

1. Complete the **APPLICATION**
2. Sign **PLEDGE CARD**
3. Attend a Reincarnation. **ORIENTATION**

- NOTE: MUST FULLY COMPLETE THE APPLICATION AND HAVE PROOF OF AGE READY AT ORIENTATION!

You will be notified 2 weeks in advance of orientation.

For Office USE ONLY:

Orientation

_____ Date

_____ Staff Signature

Case Management Needed? Yes/ No

Physical Location: Charles Clark Community Center 8793 Sibbald Road, Jacksonville, Fl. 32208

Mailing Address: 5455 Verna Blvd. #37104, Jacksonville, Fl. 32236

www.krumpin4success.org

(904) 480-3434

reincarnation@krumpin4success.org



“Feeding Minds, Growing Bodies, and Inspiring Holistic Lifestyles”

THE HOUSE RULES

This is YOUR house, In the middle of YOUR streets, YOUR block, YOUR peoples, YOU.

1. RESPECT.

RESPECT THIS SPACE. RESPECT THE FOLKS IN IT. RESPECT YOURSELF.
(BECAUSE THEY'RE YOUR FOLKS, KNOW IT OR NOT)

WHAT THAT LOOK LIKE:

- No stealing or vandalism of property (would you do it to your own house?)
 - Respect the equipment (no food around the equipment)
 - Respect staff (they are working for you, trust.)
 - Clean up after yourself
- No foul language (cussing, disrespectful language - we GOT to clean that up here for our own growth, trust in this.)
 - No harassment of any kind (teasing, inappropriate remarks)
- No slurs of any kind (racist, sexist, or homophobic)—N’s and B’s do NOT exist here: we brothas and sistas here.
 - No violence of any kind (this HAS to be a safe place for EVERYBODY.)
 - No food/drink past the front desk.
- No forgetting your youthship card when at community center, gym, events or outings!
(We need to scan attendance EVERY TIME for reports. This is MANDATORY.)
 - No sexual or inappropriate touching
(NO CUPCAKING! - Sounds like we doing too much, but we got STRONG reasons for that. Swear.)
 - No gambling (no dice, cards, betting, etc.).
 - No drugs, no alcohol, no smoking.
 - No weapons (From guns to shoes, saying, if used harmfully.)
 - This is a NEUTRAL SPACE (no gang association or activity of any kind)
- No HATING. This is a positive space. (From “You ain’t nothin” to “I’mma kill you.”—none of that.)

DO's...

- Actively participate
- Have fun
- Be open to new things and people
- Be Helpful
- Take ownership of and respect this space
- Be Creative
- Become a leader in our community positively express yourself

If you break any of these rules, PLEASE BELIEVE that there will be consequences to pay, it's only right:

- 1st – Verbal Warning** – Staff will warn you of your offense (slight possibility of a few pushups/situps ((you think we joking)), etc.,)
- 2nd – One-on-One with Staff** – Staff member will talk to you in private to discuss the situation, as conscious thinking adults, and come up with solutions.
- 3rd – Temporary Suspension/Referral** – Depending on the situation, your parent/guardian may be asked to have a meeting with staff to discuss the situation (you really want to bring the grown folks into this?).
- 4th – Temporary Suspension with conditions** – Depending on the situation, you may be suspended and have to fulfill certain requirements (eg. do a thesis, make apologies, mow an elderly lawn, etc.,) before returning to the program.
- 5th – Indefinite Dismissal** – Now this is for something REAL serious. Depending on the situation, you may be suspended from Reincarnation, Krumpin 4 Success permanently. In this case, staff will discuss this with you and/or your parent/guardian (if under 18). Don't ever make it this bad. This your house. Why would you do that?

I have read and understand the Reincarnation House Rules. I will do my best to uphold them to make this a safe and respectful place for everyone.

Name (Printed)

Name (Signature)

Date

Make it official!

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“Feeding Mind _____ Holistic Lifestyles”

Now you can legitimately cross the gates of K4S Reincarnation Program, have access to all the opportunities here and BE about it! PLEASE PRINT CLEARLY and fill this out COMPLETELY! Submit at Orientation and then you'll get your official Reincarnation membership card, that you will need to bring EVERY TIME to access the program! BE about it!

DEMOGRAPHIC INFORMATION

Are you: 18 & over under 18 (please check one)
Name: Enrollment Date: Date of Birth: Social #:
Email Address: Address: School ID#:

- 1. What is your race/ethnicity?
2. Gender: Male / Female (please circle one)
3. Are you currently enrolled in middle school / high school / college / not in school?
4. Please check the following: Great Ok Sucks
5. When was the last time you saw a doctor? Where?
6. How did you find out about Krumpin 4 Success?
7. Would you be interested in talking to someone about things you are worried, sad, or angry about?

Please put a X next to any activities that you are interested in

- _ Sho Yo'Self App. (Dance)
_ Let It Flow (Visual Arts)
_ FlaVrVl (Fashion)
_ Caf  Liberation (Culinary)
_ B.E.A.T. (music)
_ Mental Health
_ Youth Leadership
_ Inventor's Club
_ Graphic Design
_ Radio Production
_ Film Production
_ Entrepreneurship
_ Medical Services
_ Tutoring
_ Radio Show
_ Apprenticeships /Internship
_ Job Seeking
_ Modeling
_ Support Groups
_ Youth Change Agents
_ Career Boot Camps
_ Getting into College
_ Job Placement Programs
_ Peer Health Education
_ Talk Show

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Youth Registration Form

Name		Email Address			Phone #:	
Home Address		Street	City	State	Zip	
Driver's License Number		State Issued By	Issue Date	Exp. Date	DI Class	
Are you under 18? If yes: ____ NO ____ YES		Parent/ Guardian Name:		Home Phone		Alternate Number:
U.S. Citizen, N/Y		Race	Sex:	Date of Birth	High School Grad? ____ NO ____ YES If No, Highest Grade: _____	
School Attending				Grade	School ID Number:	
Are you employed ____ NO ____ YES		Business Name		Business Address		Business Phone
Special Talents/ Skills (list all that would benefit you in this program)						
Web Design? Creating Beats? Choreography?						

In Case Of An Emergency, Please Notify:

Name	Relation	Telephone Number	Address
Name	Relation	Telephone Number	Address
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KRUMPIN 4 SUCCESS Consent Form

I give my child permission to participate in activities at K4S “Reincarnation” program. I understand the programs and services offered at Krumpin 4 Success as well as the mission and vision of the organization.

My child has read the expectations and house rules and I understand that youth participation is conditional. If my child does not abide by the rules, I may need to have a conference with my child and a staff youth and ultimately my child may be dismissed from the organization indefinitely. My child is not to bring anything illegal to the organization including weapons of any kind or drugs.

There is no membership fee and my child will not be expected to pay to organization except for the \$2 lost card fee if my child loses his or her membership card. All of the programs are free of any charge however some programs or services may require youth to purchase materials or charge a fee for participation in a specific activity.

K4S are not responsible or liable for the following:

- for the loss or theft of any valuables my child brings to the program
- injuries caused by altercations at K4S during Reincarnation program activities or events
- any unforeseen accidents that happen at K4S during Reincarnation program activities or events

Krumpin 4 Success & has permission to administer emergency CPR or first aid by a certified employee. If professional medical care is required and I cannot be contacted, I give permission for Krumpin 4 Success staff to seek medical professionals to administer care on my child. I also give permission, if I cannot be reached in the event of a medical emergency, to the medical staff at the health organization to provide medical services to my child. I understand and accept these conditions.

Youth Name: _____ Youth Signature: _____

If under 18; Parent Name: _____ Parent Signature: _____

I understand the importance of using images and sound recordings of K4S Reincarnation activities in printed materials, K4S website, videos, film, and television broadcasts. Therefore, I give permission for Krumpin 4 Success and their program affiliates to use photographs, video recordings, and voice recordings of me and any children ages seventeen (17) and under for whom I have legal guardianship. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made shall be the property of K4S, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part. I understand and accept these conditions.

Youth Name: _____ Youth Signature: _____

If under 18; Parent Name: _____ Parent Signature: _____

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“Feeding Mind, Body & Soul with Healthy, Wholesome & Holistic Lifestyles”

Medical Authorization/ Liability Release Form

Date of Birth

Date of last Tetanus Booster:

Known allergies including any allergies to medicine (Continue on back of form if needed)

Name of Parent/Guardian

Address

City/State/Zip

Phone Home

Work

Mobile

Person responsible for charges (if different from above)

Address

City/State/Zip

Phone Home

Work

Mobile

Person to notify if parent/guardian is unavailable

Phone Home

Work

Mobile

Family Physician Phone

Insurance Carrier & Policy Number

Signature of Parent

Date

Signature of Witness

Date

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify Krumpin 4 Success and Volunteers for any costs or expenses arising out of my child’s participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. **I further give my consent to** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

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Emergency Notification Form

If it is necessary to send your child home early due to an emergency such as fire, bomb threat, etc. We will follow the instructions provided by you below. In the event that your child cannot be sent home or you cannot be reached, Krumpin 4 Success, Inc and/ or Executive Director will arrange for him/her to be evacuated to the nearest emergency shelter.

Please complete this form by checking on option.

Participant’s Name: _____

_____ I give permission for my child to be sent home in an emergency situation.

_____ Contact me at the following number before sending my child home.

Day time phone number: _____

Alternate phone number: _____

_____ Send my child to the following address (neighbor, friend, relative):

_____ Please follow these instructions:

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____

Date Revised: _____

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Emergency After-Hours Crisis Support Notification Form

I understand that an emergency number is available 24 hours a day. I have been given this number to use when necessary to contact for crisis support services. I am aware that it may take up to four (4) hours for my call to be returned, depending on the availability of a telephone.

My call will be returned as soon as possible.

I have read and understand the above information regarding 24-hour crisis support services.

Youth Signature

Date

Parent/Guardian Signature

Date

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“Social Ride Out” Gathering
FIELD TRIP PERMISSION SLIP

As the parent/legal guardian of _____ permission is hereby given for my child to attend all field trips, outings, performances and events with Krumpin 4 Success, Inc. for one year from the date of this permission slip. Some outings may have a price that is needed to be collected from me.

I or designated person will pick my youth up at the time specified. I am aware that only persons listed on the authorized drop off/ pick up form are able to do so. If someone else needs to pick up my youth, I must notify Krumpin 4 Success in writing or at the time of drop off.

I am aware that I must sign the individual trip log to confirm my youth’s attendance. I am also aware that the organization will keep trip logs in order to provide the best count of all youth and chaperons on each outing.

I have provided all contact information and steps to following in the case of emergency. I must update my contact or emergency form as information changes. This form must be renewed yearly or as situations change.

Parent/Guardian Signature

Date

Executive Director

Date

I understand that my child will be chaperoned by a responsible adult while away, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, youth will be expected to comply with rules, standards, and instructions for appropriate behavior, I waive and release all claims against Krumpin 4 Success, Inc. or their volunteers arising out of my youth's failure to remain under such supervision. If at any time my youth's behavior is incompatible with the standard for youth behavior, his/her further participation may not be permitted. I will be asked to transport him/her home at my own expense.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify Krumpin 4 Success, Inc. and Volunteers for any costs or expenses arising out of my child’s participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

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