

YASU

young artists of savannah united

Program Introduction

The City of Savannah's Office of Neighborhood Safety and Engagement is pleased to invite you to apply to Young Artists of Savannah United, a 7-week program designed to teach and motivate youth to find their voices through theater. In this program, youth will learn the basics of theater, the history of the artform, and the fundamentals of being on stage. Following seven weeks of rehearsals and education, the youth will provide performances of their show throughout Savannah.

Our Office

The Office of Neighborhood Safety and Engagement is dedicated to reducing youth gun violence and other violence and increasing neighborhood safety through a collaborative, community-wide approach. The office assists with the development and implementation of community-wide crime reduction goals and works directly with City departments, concerned citizens, and partner organizations to identify and connect individuals to support.

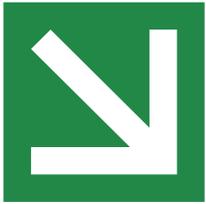


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YASU Application

Youth Application

Personal Information

Full Name: Date of Birth:

Address:

Email: Phone:

Parent/Legal Guardian Information

Full Name: Date of Birth:

Address:

Email: Phone:

Educational Background

Are you currently enrolled in school?* Yes No

**If yes, please provide the following:*

Name of School: Current Grade Level:

**If no, please provide the following:*

Name of School Last Attended:

Last Grade Level Completed:

Reason for Leaving:

Educational Background Cont.

Have you ever been suspended from school?* Yes No

**If yes, please provide the following regarding your most recent suspension:*

Name of School Suspended From:

Grade Level:

Date of Suspension:

Reason for Suspension:

Personal Background

Have you ever been charged with a criminal offense?* Yes No

**If yes, please list all criminal charges that you have been charged, including date of arrest:*

Are you currently on probation or parole?* Yes No

**If applicable, please list the contact information for your probation/parole officer:*

Full Name:

Phone:

Email:

Your Thoughts

As a member of YASU, you will be expected to perform in front of an audience while on stage. Please provide your thoughts about being in front of people.

Signature

By signing below, I confirm that to the best of my knowledge, all information provided in this packet is true.

.....
Applicant Signature Date

.....
Parent/Legal Guardian Signature Date

Thank you for completing this application. Please complete the following forms, and return all contents to your office. Upon submission, you will be contacted soon to schedule a meeting with the Office of Neighborhood Safety and Engagement. If you have any questions or need assistance, please contact us or visit our office using the following:

Phone

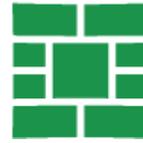
912-651-2443

Email

onse@savannahga.gov

Address

2005 Waters Ave Suite #700, Savannah, GA 31404



Permissions

Please complete and return with the application.

Indemnification/Hold Harmless Agreement

I/we, the undersigned, consent for me, my/our minor child/ward to participate in the programs sponsored by the City of Savannah. In consideration of me, my/our child's/ward's participation in the program I/we hereby agree(s) to assume all the risks and hazards incidental to said participation and do further agree(s) to release, absolve, indemnify and otherwise hold harmless the City of Savannah, its employees, administrators, agents and assigns and others who assist the above, for any loss, damages or personal injuries that I, said child/ward may receive as a result of such participation. I/we hereby agree(s) to waive all claims against the City of Savannah, its employees, administrators, and agents.

- I have reviewed the permission to participate and consent.
- I have reviewed the permission to participate and do NOT consent.

Photo/Video Release

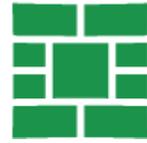
I hereby grant permission to the City of Savannah Office of Neighborhood Safety and Engagement and/or agents acting on its behalf, the right to use, edit, reproduce, assign and distribute photographs, films, video/audio recordings and other audio/visual productions of myself and/or my child(ren) for use in public displays, publications, public relations, slide shows, newspapers, advertising and other communications, to include transmission via film, print, video, computer, worldwide web, internet website, email, FTP, computer network and digital reproduction and distribution. I indemnify and hold harmless the City of Savannah Office of Neighborhood Safety and Engagement, its officers, employees, sponsors and volunteers (the "indemnified parties") from and against any and all claims of any kind, including royalties or other compensation, and any liabilities arising from or related to the use of the photographs or recordings.

- I have reviewed the photo release and consent.
- I have reviewed the photo release and do NOT consent.

Medical Consent

I/we understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow me/my child/ward to participate. I/we give permission for any emergency medical care or treatment by a physician, surgeon, nurse, and doctor's assistant, or medical care facility that may be required and assume responsibility for the cost of medical care. **NOTE: If your child has anaphylactic allergic reactions, we request your child brings an EpiPen or Anakit.**

- I have reviewed the medical consent and give my consent.
- I have reviewed the medical consent and do NOT consent.



Transportation Agreement

Please complete and return with the application.

Information

Program Name: Dates of Program:

Youth First Name: Youth Last Name:

Parent/Legal Guardian First Name:

Parent/Legal Guardian Last Name:

Conditions of Transportation

I am the parent/legal guardian of _____ (youth's name), and I give my full permission and consent for my child to participate in Young Artists of Savannah United (YASU), including the authorization of the City of Savannah to transport or otherwise provide transportation for my child by public service bus, private automobile, vans, or other appropriate means of transportation in connection with this program. I hereby release and hold harmless the City of Savannah, the Office of Neighborhood Safety and Engagement, its agents, members, employees, and any individuals involved in the planning, organization, or presentation of the YASU program and its associated activities that involve transport of my child, for any accident, injury, illness, or any damage whatsoever related to the above-mentioned child's attendance at or participation in the YASU program.

Signature

By signing below, I signify that I agree to the conditions set forth in the transportation agreement.

.....
Applicant Signature

.....
Date

.....
Parent/Legal Guardian Signature

.....
Date



Savannah-Chatham County Public School System
 Transcript Request and Records Release Form

USE BLACK INK ONLY

Please complete the entire form. Identification and applicable fees are required for processing.

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
Name as it Appears on the School Record:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date: Student ID Number:
Presently a Student? <input type="checkbox"/> Yes <input type="checkbox"/> (If no, proceed to Inactive Students Section)			Email:

INACTIVE STUDENT

Last Public School Attended in Chatham County:	
Year of Graduation:	Year of Withdrawal:
Which did you receive? (Check one): <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> No Diploma Awarded	Qty: <input type="checkbox"/> Transcript _____ <input type="checkbox"/> Immunization _____ <input type="checkbox"/> Test Scores _____ <input type="checkbox"/> Other: _____

Savannah-Chatham County Public Schools (SCCPSS) does not permit access to or release of student information to any individual or agency without the written consent of the student or parent/guardian. Student must be of legal age (18 years of age and older) to receive records without parent/guardian signature. Parents/guardians must sign for students under the age of 18. Parents of students over legal age must obtain written permission from the student to obtain or receive records. Confidential information will not be released without student or parent/guardian authorization. Transcripts will be released to the person(s), school, or company of whom authorization of release has been given.

// () _____
 Signature of Authorization Date Telephone Number

Transcript Requests:

Currently enrolled students of SCCPSS may request three transcripts at no charge. A fee of \$3.00 will be charged for all subsequent transcripts. Former students or others making request will be charged \$3.00 per transcript. All other items requested will be accessed at a fee of .10 per page. (If mailing, a money order or cashier's check with a copy of your picture ID is required).

COMPLETE THE SECTION BELOW

Send / Release Records to:	Delivered by: Mail
Name/Agency/Institution:	
Address:	
City	State Zip

SHADED AREA FOR OFFICE USE ONLY

Date Mailed:	Date Picked Up:
Clerk:	Fee/Receipt #: