A Stronger Me - Summer Sessions

This program benefits middle school girls by giving them skills in order to become positive role models. Many of the topics discussed in the program are to help girls learn to deal with the problems they go through on a day-to-day basis.

Program Benefits:
- Build self-esteem
- Resist peer pressure
- Learn positive coping skills
- Discuss the different types of bullying behaviors
- And much more!

A Stronger Me is a program intended for middle school girls, grades 6th to 8th.

Sessions start August 5th to August 9th.
From 1:00 pm to 3:00pm
At the ZYEP Ho’n A’wan Community Park

Transportation is available
Registration Deadline is August 5, 2019

Girls who complete program will be taken on a FREE activity outing to Cliffs Amusement Park, Hinkle Family Fun Center, OR to Meow Wolf in Santa Fe.

Drop off registration forms at the Zuni Tribal Prevention Office located inside the Tribal Building.

For more information call us at (505) 782-7185/7186
Zuni Tribal Prevention Project
Phone: 505-782-7185/7186

“A Stronger Me” Summer Program
Registration Form

*Registration Deadline: 8/5/19*

Participant Name: ____________________________________________
Age: ______ Grade: ______
Mailing Address: _____________________________________________
City: ______________ State: _____ Zip: __________
Parent/Guardian: __________________________ Phone: ______________

Program will be held at the ZYEP Ho’n A:wan Community Park, 13 Chimoni Dr. and will begin on Monday August 5th – August 9th from 1pm - 3pm

Food Allergies?   Yes or No   If yes, please list foods ____________________________
__________________________________________________________________

How did you hear about the program? School   Past Participants   Flyer   Radio
Other:_________________

Transportation Needed?   Yes or No
If yes, please provide information below:

**Note: A Waiver of Liability form is needed**

Pick-up Address: ____________________________
Drop-off Address: ____________________________  □ Same as Pick-up

Please drop off at the Zuni Tribal Prevention Project office located inside the tribal building.

Office Use Only:

Received By: ____________________________  Date: ________________
Zuni Tribal Prevention Project

CONFIDENTIALITY AGREEMENT

I, __________________________ understand and agree that it is my responsibility to maintain confidentiality of any information that I may be privileged to during my participation with The Zuni Tribal Prevention Project activities. During my participation, I understand I may be a part of group activities where another participant or myself may share personal information, to which I agree not to repeat or share outside of The Zuni Tribal Prevention Project and their activities.

I acknowledge that I have read and understand the above statements.

Participant: _________________________________ Date: ____________

Parent/Guardian: ___________________________ Date: ____________

PHOTO CONSENT

We would like to share the experiences of real people who are benefiting from our services in our reporting as it helps demonstrate the difference our work is making. By signing this portion of the form, you are giving us permission to use photos of your child engaging in the activities offered by The Zuni Tribal Prevention Project. The only indicated information would be their age. The photos may be shared with our funding agency and used for promotion of our afterschool program.

☐ I consent ☐ I do not consent

Parent/Guardian: ___________________________ Date: ____________

**Form valid for one (1) year from signature date**

Office Use Only:

Received by: ___________________________ Date: ____________
Zuni Tribal Prevention Project

WAIVER OF LIABILITY

I, __________________________ understand and assume all and any risks associated with the Zuni Tribal Prevention Project trips, events, and functions. I also understand that every care and attention will be given to the health and comfort of the participant by the Zuni Tribal Prevention Project staff. However, the Zuni Tribal Prevention Project staff cannot be held liable for any injuries, illness, accidents, theft of property or damage of property. Zuni Tribal Prevention Project staff WILL NOT be held responsible or accountable for any cases where a participant violates out of state or federal law such as shop lifting, trespassing, hotel policy violation, etc. during overnight travel. ZTPP staff will provide immediate notification to the parent/guardian who will then become responsible. By my signature, (my parents, if under 18) I waive all claims that may arise throughout my involvement with the Zuni Tribal Prevention Project.

Participant: _________________________________  Date: ________________
Parent/Guardian: _______________________________  Date: ________________

Office Use Only:

Received By: _________________________________  Date: ________________