

LATINO LEADERSHIP YOUTH PROGRAM



A Latino-Based Youth Program
focused on the prevention of
risky behavior and promotion of
healthy lifestyles and decision
making while creating a
"familia" environment for the
youth within their school and
community.

Our Program consists of:
Weekly Workshops
Case Management
(Goals, Grades, Behavior, &
Attendance)
Community Service
Leadership Development
Mentorship
Cultural Awareness
College Preparation
Job Readiness



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Latino Leadership Youth Program

Permission to Participate and Media Release Form

Note to parents/guardians: Your authorization in writing is necessary for your child to participate in El Centro de las Américas (ECDLA) Latino Leadership Youth Program, Joven Noble Curriculum. Please sign and date this form and return it to ECDLA upon completion.

Participation Information

Full Name: _____ Age: _____ Date of Birth: _____

School Currently Attending: _____ Grade: _____

Student ID: _____

Country of Birth: _____ Race: _____ Ethnicity: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Currently lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardians ☐ Other: _____

in Household: _____ Does the youth/participant work: ☐ YES ☐ NO

Is the youth/participant eligible for free or reduced lunch? ☐ YES ☐ NO

Parent/Guardian Information

Father/Guardian Name: _____ Mother/Guardian Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Emergency Contact Name: _____ Phone Number: _____

Permission to Participate and Media Release Form

I, _____ (Parent/Guardian Name), as the parent/guardian of _____ (Participant's Name), give permission for my child to participate in El Centro de las Americas (ECDLA) Latino Leadership Youth Program, Joven Noble Curriculum. I authorize ECDLA to utilize the production of my child's photographs and videos in their print and electronic publications. I understand that my child will need to abide by the guidelines to remain a participant in the program. I will not hold ECDLA liable for injuries arising from my child's participation in this program. I will contact ECDLA in writing if I no longer want my child to participate in this program.

Parent/Guardian Signature

Date

Programa Juvenil de Liderazgo Latino

Solicitud de Participación y Derechos de Publicación

Aviso a los padres/tutores: Es importante obtener su autorización por escrito para que su hijo participe en el Programa Juvenil de Liderazgo Latino de El Centro de las Américas (ECDLA), Currículo Joven Noble. Por favor, firme y coloque la fecha en la solicitud y entregarla a ECDLA después de completarla.

Información del Participante

Nombre Completo: _____ Edad: _____ Fecha de Nacimiento: _____

Escuela: _____ Grado: _____

Número de Identificación: _____

País de Nacimiento: _____ Raza: _____ Origen Etnico: _____

Dirección: _____ Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono de Casa: _____ Celular: _____

Actualmente reside con: ☐ Ambos Padres ☐ Madre ☐ Padre ☐ Tutor ☐ Otro: _____

de personas en el hogar: _____ ¿Trabaja el joven/participante?: ☐ SI ☐ NO

¿El joven/participante es elegible para almuerzo gratis o/a precio reducido? ☐ SÍ ☐ NO

Información de los Padres/Tutores

Nombre del Padre/Tutor: _____ Nombre de la Madre/Tutor: _____

Teléfono: _____ Teléfono: _____

Email: _____ Email: _____

Para Emergencias- Nombre: _____ Teléfono: _____

Permiso de Participación y Derechos de Publicación

Yo, _____ (Nombre del padre/tutor), como el padre/tutor de _____

(Nombre del Participante), doy mi consentimiento para que mi hijo participe en el Programa de Liderazgo Juvenil Latino de El Centro de las Américas (ECDLA), Currículo Joven Noble, doy mi autorización para que ECDLA utilice las fotografías y videos producidos de mi hijo en publicidad impresa y electrónica. Yo entiendo que mi hijo necesita seguir los reglamentos para que continúe participando en el programa. Libero de cualquier responsabilidad a ECDLA de los daños que mi hijo pueda incurrir durante su participación en el programa. Yo contactare ECDLA por escrito si deseo que mi hijo participe en este programa.

Firma de Padre/Tutor

Fecha

AUTHORIZATION FOR RELEASE OF INFORMATION

Department of Student Services
Lincoln Public Schools • Lincoln, Nebraska

Student Name: _____ DOB: _____ School: _____
Parent/Guardian: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Disclosing/Receiving Party: El Centro de las Americas (name of therapist, hospital, clinic, doctor, school, business entity)
Address: 210 O Street City: Lincoln State: NE Zip: 68508

EDUCATIONAL information includes the following records and information (please check all that apply):

- ☒ All records and information about the student
☐ Scholastic Grades ☐ Psychological Evaluations ☐ Activity Records ☐ Standardized Test Scores
☐ Discipline Records ☐ Special Education Records ☐ Limitations: _____

HEALTH information includes the following records and information (please check all that apply):

- ☐ All health records and information about the student
☐ Any and all information for a school physical
☐ Any and all information about a particular admission, treatment or episode of care
(specify): _____
☐ The following health information: _____

DOES THIS AUTHORIZATION INCLUDE? (please check all that apply):

- ☐ Yes ☐ No Alcohol/drug abuse information if part of the specified record
☐ Yes ☐ No Mental health information if part of the specified record
☐ Yes ☐ No HIV/AIDS-related information (including test results) if part of the specified record
☐ Yes ☐ No Genetic testing information if part of the specified record

(Note: This authorization does NOT include authorization for psychotherapy notes even if part of the specified record. A separate authorization will be provided if necessary for disclosure of psychotherapy notes.)

☐ Limitations: _____

PURPOSE OF REQUESTED INFORMATION (please check one box):

- ☒ I hereby authorize the EXCHANGE of information about the student between Lincoln Public Schools and the Disclosing/Receiving Party named above.
☐ I hereby authorize Lincoln Public Schools to RELEASE information about the student to the Disclosing/Receiving Party named above.
☐ I hereby authorize the Disclosing/Receiving Party named above to RELEASE information about the student to Lincoln Public Schools.

Send Records to LPS at:

Name: _____ Email: _____
School: _____ School Address: _____
Lincoln, NE 685 _____

ADDITIONAL INFORMATION AND REQUIRED SIGNATURE ON NEXT PAGE.

Additional Important Terms Which I have been notified of:

1. **Not a Condition for Treatment.** Refusal to sign this authorization will not affect my ability to receive treatment from the Disclosing Party.
2. **Further uses and Disclosures.** Health information to be disclosed under this authorization may be subject to re-disclosure by the recipient and may no longer be protected by State or Federal privacy laws.
3. **Right to Revoke.** I may revoke this authorization at any time by giving written notice to the Disclosing Party. My revocation will not be effective to the extent action has already been taken in reliance on your authorization prior to receipt of my written revocation.
4. **Photocopies.** A photocopy or exact reproduction of this signed authorization will have the same force and effect as the original.
5. **Keep a Copy.** By signing below, I acknowledge receipt of a copy of this Authorization.

FERPA Notice

Provisions of the Family Education Rights and Privacy Act (FERPA) require parental or guardian permission in order to release nondirectory information about students under 18 years of age. Those individuals 18 years of age or over may have information released upon the authorization of their own signature. Lincoln Public Schools will provide copies of records at the request of another school district where the student seeks or intends to enroll. Records from other sources (i.e., letters from non-school staff members, hospital reports or outside assessment agencies, etc.) which are used in educational planning and have been placed in the student's record at the parent's request will be forwarded.

For Questions Contact: Lincoln Public Schools, Department of Student Services
5905 O Street, Lincoln, NE 68510
Phone: (402) 436-1688 Fax: (402) 436-1686

THIS AUTHORIZATION IS VALID UNTIL: _____

(Note: Unless otherwise stated, I request that this authorization be considered as valid for 12 months from date of signature)

Signature of Parent (or student if of age of majority) If Signing in Person _____

Date _____

If signing electronically, complete this box:

By affixing my electronic signature to this electronic record below (either type your name or insert a scan of your signature) and emailing this electronic record to LPS, I agree and consent to conduct this transaction involving governmental affairs with LPS by electronic means pursuant to the Nebraska Uniform Electronic Transactions Act. I understand that I am not prohibited from refusing to conduct other or future transaction(s) with LPS by electronic means. See the Disclosure Notice on page 2 for further information.

Parent Signature: _____ Date of Receipt: _____
(please type your name or insert signature scan)

Disclosure Notice: This Disclosure Notice applies to the electronic record above and all communications with LPS related to this electronic record. Under this notice, the electronic record, communications, disclosures and other records you receive from LPS in electronic form will be considered "in writing."

Your consent covers the electronic record. You understand and agree that your electronic signature affixed to the electronic record shall be legally binding and shall be considered authorized by you. You also consent to receive all communications, disclosures, and notices, and other records relating to this from LPS in electronic form, instead of receiving such communication, disclosures, and notices, and other records in printed paper form. You have the option of printing your electronic records directly from your computer to provide your handwritten signature. The records will not be sent to you in a paper copy unless specifically requested by you. You will not be charged for paper copies of the records. To specifically request paper copies, please send an email to releaseofinformation@lps.org. You will be able to sign a paper copy after school is in session.

You have the right at any time to cancel and withdraw your consent to receive future electronic delivery of records. If you withdraw your consent, none of the electronic records, communications, disclosures, notices, or other records delivered to you in electronic form prior to your withdrawal of consent will be affected. If you wish to withdraw your consent, please send an email to releaseofinformation@lps.org. Your notice of withdrawal will be effective within a reasonable time after we receive the withdrawal notice.

In order to sign your electronic record electronically and in order to receive electronic delivery of communications, disclosures, notices and other records, you will need access to a computer with the following:

a) Access to the following operating systems: Microsoft Windows or Apple macOS; b) Access to the Internet; c) Access to a valid e-mail address; d) A web browser (The use of Chrome is recommended); e) Access to software which permits you to receive and access Portable Document Format "PDF" files, such as Adobe Acrobat Reader; f) Sufficient storage space to save records, communications, disclosures, and notices, and other records (whether presented online, in e-mails, or in PDF format) or the ability to print such records, communications, disclosures, and notices, and other records; g) Access to a printer (if you wish to print paper copies of any electronic records, communications, disclosures, notices, or other records).

If we change the minimum hardware and/or software requirements, we will notify you of the changes. If you cannot access or retain electronic records, communications, disclosures, notices, or other records in electronic form as a result, you will have the right to withdraw your consent with respect to electronic delivery of such records.

It is your responsibility to keep your primary email address current so that we may send electronic records and communications. You understand and agree that if we send you an electronic record, communication, disclosure, or notice, but you do not receive it because your email address is incorrect, out of date, blocked by your service provider, or returned undeliverable, we will be deemed to have provided electronic delivery.

You acknowledge and agree that your consent to your electronic signature and electronic delivery is being provided in connection with a transaction affecting governmental affairs that is subject to the Nebraska Uniform Electronic Transactions Act and, to the extent required, by the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that both acts apply to the fullest extent possible to validate our ability to conduct transactions with you by electronic means.