



Mentoring Club Application Instructions



Royal Family Kids Mentoring Club Information

- There is no charge for the mentoring club.
- The child is matched with a cleared volunteer from camp for one on one mentoring.
- The mentors and kids meet as a group for 2 hrs. each month at Rockharbor Church for group activities.
- The mentors commit to spending at least 4 additional hours per month with their mentee in one on one activities.
- Mentors can provide transportation to and from all events. The mentoring club runs through the school year.
- Club participation includes a backpack, club shirt and other Club materials.
- Once your application is submitted, the caregiver will be contacted in later summer to discuss the match with a qualified mentor during the next school year.

1. Print & Complete Application

2. Ensure that application is signed by Legal Guardian in 2 places:

Mentoring Club Transportation and Activities Permission Form
Medical Authorization

3. Mail Completed application to:

Lorae Farmer
2609 E. Locust Ave.
Orange, CA 92867

For additional information regarding the Club Program, contact our Club Director Shanley Armstrong at shandel211@gmail.com or 714-797-5619

Person Completing This Form

Name of Person Completing This Form

Street Address

City

State

Zip Code

Email Address

Phone Number

Relationship To Child

Child Information Address & Phone Number Same As Above

Legal First Name

Preferred First Name

Last Name

Date of Birth

Sex

Age

Caregiver Street Address
(if different from above)

City

State

Zip Code

Caregiver Email Address
(if different from above)

Caregiver Phone Number
(if different from above)

Child's T Shirt Size

- Child Small
- Child Medium
- Child Large
- Adult Small
- Adult Medium
- Adult Large

Caregiver/Legal Guardian

- Birth Parent(s)
- Foster Parent(s)
- Adoptive Parent(s)
- Grandparent(s)
- Aunt or Uncle
- Group Home _____ (name of Group Home)

Caregiver/Legal Guardian Information

(Required If Different From Person Completing Application Above)

Caregiver/Legal Guardian Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Backup Emergency Contact Name

Backup Emergency Contact Phone #

Social Worker Name

Social Worker Phone #

Mentoring Club Transportation and Activities Permission Form

As the undersigned legal parent or caregiver, I request that my child, be allowed to participate in the Royal Family KIDS' Clubs Mentoring Program. This Permission and Release form is effective on the date of my signature below, and will remain in full force and effect as long as my child participates with Royal Family KIDS in any manner; it applies to all Club activities, including both individual meetings with a Royal Family KIDS' Club Mentor and group meetings, functions, and events (the "Activities").

I understand that the number of children matched and admitted is limited by the number of mentors available, and that age and geography are also limiting factors. As part of the matching process, I give permission for Camp staff to share my child's Camper Application information (including social worker contact information) with Club leaders in order to better match my child to a qualified mentor.

I hereby give permission for my child to attend and participate in the activities. I specifically authorize Royal Family KIDS to provide for, and arrange in my place, necessary medical care, as stated in the Medical Release Form on the reverse hereof. I hereby also give my permission for my child to ride in any vehicle designated by the adult(s) in whose care my child has been entrusted while participating in the Activities.

In consideration for permitting my child to attend and/or participate in the Activities, I do hereby release, and on behalf of my child release, Royal Family KIDS' Club, the local Club's mentors, Club leaders, volunteer assistants, the host church, and any designated driver of a van, bus, car, or other vehicle used in connection with any of the Activities ("Released Parties") from any and all claims for injuries, losses, damages, costs and expenses that I, and/or my child, might have against the Released Parties, arising out of, or in any way relating to, my child and the Activities, and I agree to hold the Released Parties harmless from any loss arising from such claims.

Name of Caregiver/Legal Guardian

Relationship To Child

Signature

Date Signed

Child's Medical History

Physician Name

Physician Phone Number

Medical Problems (choose all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Allergic to Bee Stings | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> Musculoskeletal Problems | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergic to Poison Oak | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Drug Allergy | <input type="checkbox"/> Allergic to Poison Ivy | <input type="checkbox"/> Hx of Anaphylactic Shock |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Foot Problems |
| <input type="checkbox"/> Leg or Arm Braces | <input type="checkbox"/> Pulmonary Edema | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Allergic to Insect Bites | |

Medical Problems Details

Learning Disabilities or Physical Limitations

Child Prescription Drugs

	Drug Name	Dosage	Schedule
Prescription Drug 1			
Prescription Drug 2			
Prescription Drug 3			
Prescription Drug 4			

Medical Authorization

This Royal Family KIDS Clubs And Mentors Medical Release Form is effective on the date of my signature(s) below, and will remain in full force and effect as long as my child participates with Royal Family KIDS' Club in any manner; it applies to all Club activities, including both individual meetings with a Club mentor and group meetings, functions, and events (the "Activities").

I hereby give permission for my child to attend and participate in the Activities. I specifically authorize Royal Family KIDS' Club to provide for, and arrange in my place, necessary medical care.

I authorize the Royal Family KIDS' Mentoring Director or any designated adult, in whose care my child has been entrusted, to arrange for and consent to any x-ray examination, anesthetic, and/or medical, surgical and dental procedure and treatment, and hospital care, to be rendered to my child under the general or special supervision, and on the advice of any physician or dentist duly licensed by an appropriate regulatory agency, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of such physician, dentist or hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical, dental and/or hospital services rendered to my child pursuant to this authorization. Should it be necessary for my child to be transported home or to medical facilities due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This Medical Release Form will be used only as necessary in the circumstances. Every reasonable effort will be made to first notify a care giver listed below prior to the use of this Medical Release

Name of Caregiver/Legal Guardian

Relationship To Child

Signature

Date Signed