



## PROJECT U

Project U is a Guam Police Department Safe Schools Initiative equipped with a network of Safe School Partners that include government and non-government organizations committed to creating safer communities and schools. The Guam Department of Education (DOE), Guam Department of Youth Affairs (DYA), Guam Behavioral Health & Wellness Center, Office of the Attorney General Family Division (OAG), Mayor’s Council of Guam, Thrive Coalition, Mañe’lu, Micronesians Resource Center One-Stop Shop, and WestCare Pacific Islands are our Safe School Partners who have collaborated to meet the needs of our youths and the community in which they live by delivering three objectives:

1. Community Education
2. Crime Enforcement
3. Social Media Campaign #ProjectGU

## PROJECT U YOUTH CHRISTMAS PROGRAM

Project U will be hosting a youth program during Christmas break. This program aims to increase positive youth engagement and accessibility to resources, to include mentoring participants to become leaders in their school and community by focusing on responsible citizenship, values and life skills. This year’s program will be Community-Centered with emphasis on Community Service. Safe School Partners have collaborated to provide a host of resources for participants to achieve success. Project U Youth Christmas-Break Program is a nine (9) day program that will be at no cost to the participant. Participants must be between 14 and 17 years of age during the program. Youth participants will be participating in various events, including classroom instruction, outdoor sports, and community service activities as fieldtrips.

### PROGRAM DETAILS

**Dates:** December 18 –29, 2023  
*Monday thru Friday (excluding weekends and holidays)*

**Time(s):** 8:00 A.M. to 3:00 P.M.

**Location:** GCA Trades Academy, Tiyan (Building B)

**Age:** 14 – 17

**Cost:** Free

## PROGRAM RULES

As participants of the 2023 Project U Youth Christmas Program, there are guidelines in place to keep your child safe. The goal of the program is to train your child to be a leader and to mold good character. This involves decision-making, responsibility and accountability to self and to others. As part of their growth, we would like our youths to value self-respect. Project U and the Safe School Partners want them to define what their values are and recognize the importance of self-worth. If our participants do not respect themselves, they will not value others nor respect them. We understand that no one enjoys being disciplined, however there are good and bad consequences that come with each person's decisions.

In molding good character in our future leaders, we believe there are (3) attributes that contribute to that growth; **Integrity, Respect and Responsibility**. In order to reach that success for your child and the safety of all participants, volunteers, and staff, it is our expectation that program rules are followed. Please discuss these rules and any violations of these rules that will automatically have your child removed from the program.

INTEGRITY	RESPECT	RESPONSIBILITY
Let your actions and decisions be based on truthfulness, fairness and ethicalness. Commit to strong moral principles that honor your virtues and displays outward on how real you are; who you are and what you stand for.	Always respect yourself, respect others and their property. We are all not the same; we all come from different places, raised in different cultures, have different economic means, have different beliefs, or have different skin tones. Do not allow your difference to cause a divide, frictions or assaults, but find what is similar and build on those foundations.	You are responsible for how you treat others, the words you speak, the actions you choose, the tasks that you are given, the role you have, and the ownership of your property. You are

**DRESS CODE:**

Participants are encouraged to wear comfortable and appropriate clothing. Clothing depicting the use of drugs, alcohol, tobacco, violence or than may be offensive is prohibited. Participants are also asked to bring a change of clothes since there are sports and outdoor activities that are incorporated in the training.

**CONTRABAND:**

The Project U has a zero tolerance policy on the possession, use and display of drugs, alcohol and tobacco.

By signing, you and your child understand and agree to the 2022 Project U Youth Christmas Program rules.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

## Welcome to PROJECT U Youth Christmas Program!

The following registration items are collected for information and program planning purposes only: *Gender, Ethnicity, Language, Population Type, Community Resources, Household Information and Health Insurance Status.* Responses to these questions will not impact acceptance into the program and will not be shared outside of the Project U Youth Program without the permission of the parent/guardian. All other information is required for the safety and security of all participants.

Should any information change during the program, please notify Project U immediately at **475-8554** or by email [projectuguan@gmail.com](mailto:projectuguan@gmail.com)

### PARTICIPANT

Participant's First & Last Name

Paste Photo Here

Age:

Nickname:

### Part I. Participant's Information

<b>Participant's Full Name:</b>		<b>T-Shirt Size:</b>	
<b>Primary Address (Number &amp; Street):</b>		<b>Date of Birth (mm/dd/year):</b>	<b>Age:</b>
<b>Apt Number:</b>	<b>Village:</b>	<b>Zip Code:</b>	
<b>School Name:</b>		<b>Grade:</b>	
<b>Type of School:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home-School <input type="checkbox"/> Other (specify): _____		<b>Health Insurance:</b> <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Employment-Based <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (specify): _____	
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<b>Ethnicity:</b> <input type="checkbox"/> Chamoru <input type="checkbox"/> Marshallese <input type="checkbox"/> Unknown <input type="checkbox"/> Chuukese <input type="checkbox"/> Yapese <input type="checkbox"/> Other: _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Ponapean <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Palauan		
<b>Transportation:</b> <input type="checkbox"/> I am <u>able</u> to provide transportation for my child to program events. <input type="checkbox"/> I am <u>unable</u> to provide transportation for my child to program events.			

## Part II. Participant's Parent/Guardian Information

<b>Parent / Legal Guardian Full Name:</b>		
<b>Full Name</b> (Legal Guardian):		
<b>Physical Address</b> ( <i>House/Apartment Number, Street Name</i> ):	<b>Village:</b>	<b>Zip Code:</b>
<b>Home #:</b>	<b>Mobile #:</b>	<b>Alternate #:</b>
<b>Email Address:</b>		
<b>Place of Employment:</b>		
<b>Employer Address:</b>	<b>Employer Telephone #:</b>	

<b>Parent / Legal Guardian Full Name:</b>		
<b>Full Name</b> (Legal Guardian):		
<b>Physical Address</b> ( <i>House/Apartment Number, Street Name</i> ):	<b>Village:</b>	<b>Zip Code:</b>
<b>Home #:</b>	<b>Mobile #:</b>	<b>Alternate #:</b>
<b>Email Address:</b>		
<b>Place of Employment:</b>		
<b>Employer Address:</b>	<b>Employer Telephone #:</b>	

### Part III. Emergency Contacts & Authorized Pick-Up Person(s)

Emergency Contacts listed in Section III are authorized to pick up the child unless otherwise noted.  
The following **additional** people are authorized to pick up my child. At least one emergency contact must be identified.

1	<b>Name:</b>	<b>Relationship:</b>
	<b>Phone #:</b>	<b>Address:</b>

2	<b>Name:</b>	<b>Relationship:</b>
	<b>Phone #:</b>	<b>Address:</b>

3	<b>Name:</b>	<b>Relationship:</b>
	<b>Phone #:</b>	<b>Address:</b>

### Part IV. Health Information

Please answer questions below and provide additional details in the space provided. Many needs or health challenges can be accommodated and may not limit participation in the program.

**Does the participant have any allergies (food, medication, etc.)?**

No       Yes (specify):

**Does the participant have asthma?**

No       Yes

**Does the participant have special health care needs?**

No       Yes

**Does the applicant take medication for any condition or illness?**

No       Yes

**Are there activities the participant cannot participate in?**

No       Yes

**Please provide any additional health information details:**

Not Applicable

**Please provide any accommodation(s) you are requesting for the participant:**

Not Applicable

**Part V. Additional Participant Information**

*Many needs or health challenges can be accommodated and may not limit participation in the program.*

**Is the participant any of the following?** (Select All that Apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Parent                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Offender / Juvenile Justice Involved | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Foster Care Participant              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Runaway Youth                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**If the applicant is an individual with a disability, please select disability type(s)**

(Select All that Apply):

- Cognitive Impairment
- Hearing-Related
- Learning Disability
- Mental or Psychiatric
- Physical/Chronic Health Condition
- Physical/ Mobility Impairment
- Vision-Related
- Other: \_\_\_\_\_
- Decline to Answer
- Not Applicable

<b>Participants Primary Language</b> (Select One): <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Chamorro <input type="checkbox"/> Other _____ <input type="checkbox"/> Tagalog <input type="checkbox"/> Chuukese <input type="checkbox"/> Ponapean <input type="checkbox"/> Palauan <input type="checkbox"/> Kosraean <input type="checkbox"/> Japanese <input type="checkbox"/> Spanish <input type="checkbox"/> Korean	<b>Participants Secondary Language</b> (Select All that apply): <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Chamorro <input type="checkbox"/> Other _____ <input type="checkbox"/> Tagalog <input type="checkbox"/> Chuukese <input type="checkbox"/> Ponapean <input type="checkbox"/> Palauan <input type="checkbox"/> Kosraean <input type="checkbox"/> Japanese <input type="checkbox"/> Spanish <input type="checkbox"/> Korean
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**Part VI. Consent and Signatures**

**MEDIA CONSENT**

TO THE BEST OF MY KNOWLEDGE THE INFORMATION ABOVE IS TRUE. I AGREE TO ITS VERTIFICATION AND UNDERSTAND THAT FALSIFICATION MAY BE GROUNDS FOR EXCUSAL FROM THE **PROJECT U** YOUTH PROGRAM. INFORMATION PROVIDED WILL BE USED TO IMPROVE **PROJECT U** PROGRAMS.

Please be aware that as a participant of the **Project U** Youth Program, from time to time, the Guam Police Department, authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, “Authorized Parties”) or News personnel may be present during program activities and special events associated with program services, both at the usual program location and at off-site events. In some cases, Authorized Agents or News personnel may photograph, videotape, interview or otherwise record participants and their families and friends in these programs. The resulting images, videos, and interviews may be used, with or without the participant’s name, in printed and electronic media such as brochures, books, print and email newsletters, DVDs, and videos, websites, social media and blogs (collectively, “Media”).

I hereby authorize and permit the Authorized Parties, without compensation, ownership rights and without further approval, to photograph and/or record my and my child’s image, name, likeness, and the sound of my and my child’s voice during **Project U** Youth Program activities and special events, and I hereby consent to the resulting images, videos and interviews being used, without compensation or ownership rights and without further approval by the Authorized Parties solely for non-profit, non-commercial purposes in any and all Media whether now or hereafter known or developed.

- YES, I GIVE MY CONSENT.
- NO, I DO NOT GIVE MY CONSENT.

- YES, I GIVE MY CONSENT.
- NO, I DO NOT GIVE MY CONSENT.

\_\_\_\_\_  
**PARTICIPANT’S SIGNATURE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_



## Part VII. Family Information

*Please answer questions below and provide additional details in the space provided.*

<b>Number of Children in Household:</b>	<b>Number of Adults in Household:</b>
<b>Age(s) of Children in Household (Include participant):</b>	
<b>The participant lives in a household that is headed by (Select One):</b> <input type="checkbox"/> Single Parent – Female <input type="checkbox"/> Single Parent - Male <input type="checkbox"/> Single Person – No Children <input type="checkbox"/> Non-Related Adults with Children <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer	<b>Participant’s Housing Type (Select One):</b> <input type="checkbox"/> Owned-Home <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Government Housing Program <input type="checkbox"/> Shelter <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Decline to Answer
<b>Religion:</b> <input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Decline to Answer	<b>Physical Activity (Rate your family’s physical activity on a weekly basis):</b> <input type="checkbox"/> Not Active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Very Active <input type="checkbox"/> Other (specify): _____
<b>Does your family and/or child(ren) participate in community events, sports or volunteer work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is your family and/or child(ren) interested in becoming involved with community activities?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you believe your child(ren) will benefit from community resources/services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, select which community resources/services</b> <input type="checkbox"/> Sports <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Educational Courses <i>(Examples: Trade Skills, Parenting, Substance Abuse, Mental Health, Decision-Making, etc.)</i> <input type="checkbox"/> Mentorship <input type="checkbox"/> Other (specify): _____	
<b>Would you like to receive additional information on community resources?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

## MEDICATION POLICY, MEDICAL RELEASE AND CONSENT

I understand that it is the responsibility of the child, parent or guardian to ensure that required medication is taken when needed. The medication should be kept in the child's backpack or cooler. The Guam Police Department (GPD), authorized agents, third-party organizations with which it collaborates, or other government, representatives (collectively, "Authorized Parties") is not responsible for dispensing any medication or reminding any child to take his/her medication. Additionally, GPD personnel or its Authorized Agents cannot administer any over-the-counter medication.

If my child requires emergency medical care and I cannot be reached, I give consent to GPD to obtain the necessary medical care for my child. I agree to pay all of the cost associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is a participant of the **Project U** Youth Program.

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Date**

[ ] YES, I give permission for GPD Personnel or its Authorized Agents to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent that I provide for my child.

[ ] NO, I do not give my permission for GPD Personnel or its Authorized Agents to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent that I provide for my child.

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

IN THE EVENT OF A MEDICAL EMERGENCY, I HEREBY GIVE CONSENT FOR NECESSARY EMERGENCY MEDICAL TREATMENT TO BE OBTAINED ON MY BEHALF. I FURTHER AUTHORIZE THE EMERGENCY CONTACT(S) LISTED TO BE CONTACTED. I UNDERSTAND I WILL BE NOTIFIED AS SOON AS POSSIBLE.

YES, I GIVE MY PERMISSION.

YES, I GIVE MY PERMISSION.

NO, I DO NOT GIVE MY PERMISSION.

NO, I DO NOT GIVE MY PERMISSION.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_



MAÑE'LU



MICRONESIAN RESOURCE CENTER ONE-STOP SHOP



## PROJECT U YOUTH PROGRAM

### WAIVER OF LIABILITY AND RELEASE AGREEMENT

**Consideration:** I, \_\_\_\_\_ (Parent/Guardian Full Name) and the parent/legal guardian of \_\_\_\_\_ (Participant's Full Name). I hereby acknowledge the personal benefits accruing to my child by reason of participation in the **Project U** Youth Program and to participate in sports and outdoor activities, include a Basic Water Safety Class. The basic water safety class teaches basic water safety, and will include important information on the proper use of common water sports equipment such as, kayaks and inflatable stand-up paddle boards. A portion of the class will be applying the skills learned in the water which will include swimming activities and the use of water sports equipment. I am aware of the activities which my child will be involved through said participation. I have read the following Waiver and Release of Liability Form (the "Agreement") and agree to its terms:

**Assumption of Risk:** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation in event activities.

**Release/Indemnification:** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue the Guam Police Department, Guam Department of Education, Department of Youth Affairs, Office of the Attorney General, Guam Behavioral Health & Wellness, Piti Mayor's Office, Mangilao Mayor's Office, Mañe'lu, Micronesians Resource Center One-Stop Shop, WestCare Pacific Islands, Thrive Coalition, its directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child's participation in the event activities (the "Claims"). I agree to indemnify and hold harmless Guam Police Department, Department of Youth Affairs, Office of the Attorney General, Guam Behavioral Health & Wellness, Guam Department of Education, Piti Mayor's Office, Mangilao Mayor's Office, Mañe'lu, Micronesians Resource Center One-Stop Shop, WestCare Pacific Islands, Thrive Coalition,, its directors, employees, agents, volunteers, and affiliates for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Understanding:** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and

Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.

**Media Consent:** I give my consent and permission for the taking of photographs and/or video of my child during the described event and waive and/or assign any and all rights (including copyright) in such media to the Guam Police Department, Guam Department of Education, Department of Youth Affairs, Office of the Attorney General, Guam Behavioral Health & Wellness, Piti Mayor’s Office, Mangilao Mayor’s Office, Mañe’lu, Micronesia Resource Center One-Stop Shop, WestCare Pacific Islands, and Thrive Coalition as the sole owner of such media, shall have exclusive rights to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

**Acceptable Conduct by Participant:** I understand and acknowledge that during my child’s attendance and participation in the **Project U** Youth Program, which may include travel to and from the GPD Headquarters, my child will act in a responsible manner and will abide by the instructions of any **Project U** Youth Program personnel, and will comply and follow the rules and regulations of the GPD and I understand that if my child does not behave responsibly or acts dangerously to himself/herself or to others, that they will be immediately removed from participation in the **Project U** Program.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

Childs Name (Full Name): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Full Name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_