



Fall 2011

Dear Parent(s)/Guardian(s):

I'm writing to invite your son/daughter to participate in The Second Mile Friend Program. The Friend Program is a recreational and educational program designed to provide a positive role model, College Friends from Millersville University, as your child participates in a variety of activities and meets new friends.

- Friend is a mentoring program for children **ages 5-12**. Your child will be paired with a caring College Friend who will guide them through activities and assist them during the afternoon.
- The 2011/2012 Friend Calendar includes many exciting events. Children will enjoy outdoor games, seasonal parties, swimming, and more! Activities occur on Sundays throughout the school year generally from 2-4 PM. These activities are at **NO COST** to the children. Please read the flyer mailed about each event for any changes in place or time.
- Transportation is available in some areas but not others. If transportation from those other areas is prohibiting your child from attending the events, we will do our best to arrange carpools with other families or possibly transportation with a Second Mile volunteer. If transportation is an issue, or you have any questions about the program, please call (717) 763-4614 or email melissa@thesecondmile.org.
- How will your child learn of these activities? *Tentative* dates and times are listed on the calendar you receive. However, before each event, each registered child will receive a **'reminder announcement'** flyer confirming that particular event and letting you know of any important notes or changes in location or time. If you include your email address, these reminder announcements can be emailed to you. Please add melissa@thesecondmile.org to your safe sender list.
- **TO REGISTER YOUR CHILD:** Please complete and return the Registration Form, Release Forms, and Emergency Treatment Consent to the address listed below. All children will need to fill out a new form each year, regardless if they have attended in the past. The form can be filled out electronically, but you will still need to print the completed form to provide real signatures. **Your child is eligible to register at any time throughout the year!** (*Please do not miss the signature line on the bottom of page 2 of the form...the page with the heading "Release, Assumption, Waiver and Indemnification"! This MUST be signed!*)
- You may keep this letter and the following calendar. Please send the completed forms to the address below:

State Office

1402 S. Atherton Street
State College, PA 16801
(814) 237-1719
FAX: (814) 237-4605

**Southcentral
Regional Office**

3607 Rosemont Avenue,
Suite 501
Camp Hill, PA 17011
(717) 763-4614
FAX: (717) 763-4616

**Southeast
Regional Office**

Parkview Tower
588 N. Gulph Road,
Suite B109
King of Prussia, PA 19406
(610) 491-9440
FAX: (610) 491-9441

Central Regional Office

1402 S. Atherton Street
State College, PA 16801
(814) 237-1719
FAX: (814) 237-4605

www.thesecondmile.org

THE SECOND MILE
ATTN: LANCASTER FRIEND
3607 ROSEMONT AVE., SUITE 501
CAMP HILL, PA 17011
Phone: 717-763-4614; Fax: 717-763-4616

****Children must have a registration form completed before attending their first event! If you cannot return a form prior to their first event, please send completed form to the event with your child!****

Sincerely,

Melissa Snyder
Director of Programs
The Second Mile, Southcentral Region

The Second Mile

2011-12 Friend Program Lancaster (at Millersville University)



Providing Children with Help and Hope

This calendar is **TENTATIVE**. After you turn in your registration forms, you will be placed on our mailing list to receive event announcements. Announcements will be the final word about each event - confirming dates, times, and locations. Please pay special attention to the flyers as times and locations may change due to availability, and make sure that your child arrives and departs at the designated time and place. (For areas in which bus transportation is available, schedules will be sent with the event announcements.)

<u>Event</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>
Making Friends Day	Sunday, Oct. 2 nd	2-4 PM	Brooks Gym
Fall Harvest Festival	Sunday, Oct. 23 rd	2-4PM	Brooks Gym
Nature & Science Day	Sunday, Nov. 13 th	2-4 PM	Brooks Gym
Winter Festival	Sunday, Dec. 4 th	2-4 PM	Brooks Gym
Swimming Luau	Sunday, Jan. 29 th	2-4 PM	Brooks Gym & Pool
Games Galore Day	Sunday, Feb. 12 th	2-4 PM	Brooks Gym
Multicultural Day	Sunday, Mar. 4 th	2-4 PM	Brooks Gym
Healthy Adventures Day	Sunday, Mar. 25 th	2-4 PM	Brooks Gym
Spring Festival & Awards	Sunday, April 15 th	2-4 PM	Brooks Gym

If you have any questions regarding the program or about any event prior to the event day, please contact Melissa Snyder, Program Director at (717) 763-4614 or by e-mail at melissa@thesecondmile.org.

THE SECOND MILE - FRIEND PROGRAM

2011-2012 REGISTRATION FORM - YOUNG FRIEND

CHILD INFORMATION:

Name: _____

Mailing Address (Street): _____

City: _____

State: _____

Zip Code: _____

Birth Date: / /

Age: _____

Sex: M F

County: _____

School: _____

School District: _____

My child participated in the Friend Program in the past/last year: _____

How did you find out about the Friend Program? _____

GUARDIAN INFORMATION:

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Family Physician: _____

If guardian cannot be reached, please contact:

1) Name: _____

2) Name: _____

Home: _____

Cell: _____

Home: _____

Cell: _____

TRANSPORTATION INFORMATION

In order for us to get an accurate picture of our transportation needs, please indicate how your child will be transported to/from events (This is entirely your preference and you can change your choice from event to event).

 I will be providing transportation for my child.

 My child will be riding the bus.

My child will be getting on at the following bus stop: _____

Release, Assumption, Waiver and Indemnification

Activity: The Second Mile Friend Program

_____ desires to participate in the above program or activity sponsored or conducted by The Second Mile, a Pennsylvania nonprofit corporation. As a condition precedent to this child being permitted to engage and participate in such program or activity, the undersigned parent(s) or guardian(s), on behalf of the child, hereby forever releases, quits, discharges, indemnifies and holds harmless The Second Mile its agents, directors, officers, employees and volunteers from any and all causes of action, including personal injury, illness, death or property damage, costs, charges, claims, demands and liabilities of whatever kind, name or nature in any manner arising out of or in connection with the child's participation in the indicated activity.

The undersigned fully understands the nature of the activities in which the child may be engaged and hereby agrees that he/she is duly aware of the risks and hazards inherent in each of the activities and acknowledges that he/she has been given the opportunity to ask questions related to those activities and the risks and hazards of the same. The undersigned hereby voluntarily assumes, on behalf of the child, all risks of loss, damage or injury, including death, that may be sustained by the child while participating in or being transported to or from these events.

The undersigned affirms that the child is in good health, physically fit to engage in the activity, and has no known medical condition which could foreseeably jeopardize his or her safety during such participation or be aggravated by such participation. The undersigned assumes sole and full personal responsibility for ensuring that all reasonably perceivable safety requirements have been met to his/her personal satisfaction prior to the child's active participation in the activity.

The undersigned acknowledges that by signing this Release, Assumption and Waiver, that he/she is giving up all rights to recover for any injury, illness, disability, or damage resulting from the child's participation in the activity sponsored by The Second Mile which he/she had, has had, or may in the future have.

The undersigned acknowledges that activities conducted by The Second Mile are often conducted on properties or conducted with equipment donated, leased or loaned to The Second Mile by a third party, and by signing this Release, Assumption and Waiver, the undersigned acknowledges that this Release, Assumption and Waiver shall extend to that third party and that he/she is also waiving any right to recover from such third party for any injury, illness, disability or damage resulting from the participant's use of the premises, equipment and/or facilities and acknowledge that such third parties, his/her heirs, successors or assigns, shall be third party beneficiaries of this Release, Assumption and Waiver.

The undersigned further acknowledges and agrees that he/she will be liable and shall indemnify The Second Mile, and/or its agents, for any damage or loss to the property of The Second Mile or others which may arise from the intentional, reckless or negligent act of the child.

This Release, Assumption and Waiver Agreement shall be binding upon the child, his or her parents, guardians, heirs, personal representatives, successors and assigns.

The undersigned hereby acknowledges and further states that he/she has carefully read the foregoing Release, Assumption and Waiver and knows and understands the contents thereof, and signs the same as his/her own free act.

IN WITNESS WHEREOF, the undersigned has executed this Release, Assumption and Waiver Agreement as of the date set forth opposite his/her name.

READ AND UNDERSTOOD:

Parent(s)/Guardian(s) Signature

Printed Name of Parent(s)/ Guardians(s)

Date

**THE SECOND MILE -- FRIEND PROGRAM
RELEASE FORMS**

EVENT PARTICIPATION RELEASE

_____ (Child's Full Name) has my permission to attend activities with The Second Mile Friend Program for the program year September 1, 2011 to August 31, 2012. My consent includes my child's riding in The Second Mile Van, on a bus provided by The Second Mile, or in the vehicle of a Second Mile volunteer when that option is made available by The Second Mile.

Parent(s)/Guardian(s) Signature

Date

MEDIA RELEASE

This consent statement authorizes The Second Mile to use at its discretion pictures and news footage as they pertain to _____ (Child's Full Name) involvement in The Second Mile's programs.

These will be used for public relations and promotional purposes only, on platforms that could include television, print media, or electronic media.

Parent(s)/Guardian(s) Signature

Date

CHILD HEALTH INFORMATION AND CONSENT

Current Medications: _____

Allergic Reactions: _____

Health Problems: _____

Please describe any issues of which we should be aware and/or issues that would limit activity: _____

If no medications, allergies, or health problems are known, please check here:

PARENTAL CONSENT FOR TREATMENT OF MINORS IN THE EMERGENCY/OUTPATIENT DEPARTMENT

In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the physician(s) and staff in the Emergency/Outpatient Department of the closest medical facility to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor child.

Full Name of Participant

- I understand that the consent and authorization herein granted does not include major surgical procedures.
- This consent is valid for one year from the date indicated below. A copy of this authorization shall be considered as effective and valid as the original.
- Physical conditions of the minor noted above which the physician should be aware (allergies, recurring illnesses, disabilities, chronic illnesses, etc.):

I understand that I will be contacted as soon as possible in the event that my child is brought to the hospital for treatment.

Parent(s)/Guardian(s) Signature

Date

PERMISSION FOR SHAREING OF PARTICIPANT INFORMATION

Program: The Second Mile Friend Program

Participant's Full Name: _____

Birth Date: _____ Grade: _____

School: _____ School District: _____

My signature authorizes **The Second Mile** to exchange information with the **School District** to maximize the effectiveness and positive impact of the program in which my child is engaged.

RECORDS WHICH CAN BE SHARED: ALL RECORDS BELOW

- | | |
|---|--|
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Intelligence, aptitude, achievement, interest, inventory scores/results |
| <input type="checkbox"/> Grades/Report Cards | <input type="checkbox"/> Awards/honors |
| <input type="checkbox"/> Educational attainment/placement | <input type="checkbox"/> Behavioral information/reports |

This release of information is limited to the agencies, organizations, and/or individuals named here and for the purposes stated on this page. I understand that this information will be held in strict confidence and that it will be used only for the benefit of the program participant.

This authorization will remain in effect for the duration of the participant's participation in The Second Mile Friend Program. Authorization can be revoked at any time prior to that by notifying The Second Mile in writing.

Parent(s)/Guardian(s) Signature

Date

PLEASE RETURN COMPLETED PACKET TO:
THE SECOND MILE ATTN: LANCASTER FRIEND
3607 Rosemont Ave., Camp Hill, PA 17011
Phone: 717-763-4614 Fax: 717-763-4616