

HOOKED

Helping Others Organize Kreative Everyday Differences

Get HOOKED!

Who Are We?

We are concerned teens, grades 7–12, who advocate against drug and alcohol abuse among our peers.

What do we do?

We do peer focused prevention projects throughout the year, and volunteer at special events around Gwinnett County.

What does it cost?

This program is FREE for Gwinnett County teens.

When do we meet?

The HOOKED youth action team meets on the second and fourth Saturday of the month from September – May at Shorty Howell Park Activity Building, from 9:45am – Noon.

Why me?

**WHY NOT YOU?
Volunteer Today!**



**For more information
or to sign up
please contact:**

Tania Ballou:
Volunteer Resources Leader
tania.ballou@gwinnettcounyparks.com

or

Cynthia Taylor:
Recreation Leader
cynthia.taylor@gwinnettcounyparks.com

678.277.0900

Shorty Howell Park Activity Building
2750 Pleasant Hill Road, Duluth



gwinnettcounyparks & recreation



2016-2017 HOOKED Teen Club Information Form



- One form per participant
- Print clearly and legibly
- Completed form required for participation
- Must be completed by parent or legal guardian

TEEN INFORMATION

Date Entered	Staff Signature

Teen's Name: _____ Birth Date: _____ Age : _____ Male Female

Address: _____ City: _____ State: _____ ZIP: _____

Teen Email: _____ Teen Cell: _____ Gwinnett Resident: Yes No

School Attending 2016-2017: _____ Grade: _____

Names of Siblings in HOOKED (current or prior): _____

Known Allergies (include food, medication, latex, etc.): _____

Recent Illnesses or Injuries (last 6 months): _____

Recent Prescription Medications (last 6 months): _____

List all special circumstances, emotional or physical conditions regarding your child. Failure to disclose information or conditions may result in child being disallowed registration or removed from participation. If accommodation requests are made less than two weeks in advance, Gwinnett County Parks & Recreation will make every effort to meet the request. If we are unable to meet the request in time, GCPR reserves the right to limit or disallow registration for the requested session. However, the participant will be eligible to register for another program later in the session.

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 (same address with teen)

Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian #2

Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address (if different): _____ City: _____ State: _____ ZIP: _____

PICK-UP/DROP-OFF/EMERGENCY CONTACT (if above do not respond)

You authorize this list of people to act as a caregiver and pick-up/drop-off your child and if needed be contacted in an emergency situation. Parents/Guardians will remain the first point of contact in an emergency. Photo I.D. must be provided upon sign-out.

Name	Relationship to Participant	Contact Number

LIABILITY RELEASE, INDEMNIFICATION AND MEDICAL AUTHORIZATION

I am aware of the nature of this activity and I hereby assume responsibility for my child _____ (name of child), to participate in the HOOKED Teen Program. I understand that such participation may include being photographed for publicity purposes and riding in Gwinnett County vehicles to activities which are not located on Gwinnett County property. I understand that participation in the HOOKED Teen Program can result in bodily injuries to my child, including but not limited to, contusions, cuts, scrapes, head and/or dental injuries and broken and/or sprained limbs. I will not hold Gwinnett County and/or its elected and appointed officials, officers, employees, agents and volunteers responsible in the case of accident or injury as a result of child's participation in the HOOKED Teen Program. I further agree to indemnify, defend and hold harmless Gwinnett County, its elected officials, officers, employees, agents, and volunteers from any and all claims arising from participation in the HOOKED Teen Club Program and its related activities. Such indemnification shall include, but not be limited to, liability settlements, damage awards, costs and attorney's fees associated with any such claim. In situations which are true emergencies and only when I cannot be reached immediately, I authorize a representative of Gwinnett County, Georgia to obtain immediate medical care and I consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child if an emergency occurs when I cannot be located immediately. I will not hold Gwinnett County and/or its elected and appointed officials, officials, employees, agents and volunteers responsible for injuries or damages sustained by my child as a result of the immediate medical care. I understand that I am responsible for payment of medical expenses.

Name of Insurance Company: _____ Policy Number: _____

Child's Physician/Clinic: _____ Phone Number: _____

Signature of Parent/Guardian: _____ Date: _____



gwinnettcountry

Volunteer Gwinnett – Volunteer Waiver of Liability and Release

Volunteer name *(please print clearly)*: _____

Birth date: _____ Sex: _____

Mailing address: _____

City: _____ Zip: _____

Email address: _____

Home number: _____ Cell number: _____

Event *(if applicable)*: _____

Department: _____

In consideration of having been accepted as a volunteer for the above-referenced department of Gwinnett County, and with the knowledge that I will be working, directly or indirectly, in a volunteer capacity for Gwinnett County involving various duties, I recognize fully that my presence and activity as a volunteer may involve some element of risk which I am willing to assume. As a Gwinnett County volunteer, I hereby agree to comply with Gwinnett County Government's policy prohibiting the possession of weapons while on duty for the County.

I, the undersigned, do hereby waive and release any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County.

I, the undersigned, do hereby agree to indemnify, defend, and hold harmless Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents, from and against any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County.

I understand that as a volunteer I am in no sense an employee of Gwinnett County and that I possess no rights under the Gwinnett County Merit System. Further, I understand that I am not entitled to benefits or workers' compensation benefits from Gwinnett County which may accrue to its employees. I further understand that I am not entitled to any vested rights to which an employee of Gwinnett County may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned.

Volunteer or parent/guardian signature

Date

Number of hours you will be working at this event *(if applicable)*: _____

Company or organization you represent *(if applicable)*: _____