

Orange Youth 16-21 ^{ages}

**NEVER worked? Got FIRED?
Get with THIS PROGRAM!**



Learn 2 Earn

Spring 2008
Tuesdays & Thursdays, 5:30-8:00 pm
Starts March 4th

Summer 2008

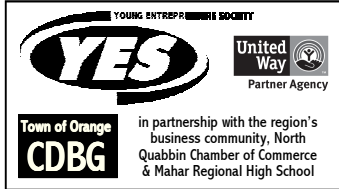
Fall 2008



For more information or to register:

www.yes-inc.org

or contact Amber @ 978-544-1869 / amber@yes-inc.org



Learn 2 Earn APPLICATION

First Name _____ Middle _____ Last Name _____

Address _____ Town _____ State _____ Zip _____

Phone Number _____ E-mail _____

Age _____ Date of Birth _____ Gender Female Male

Race/Ethnicity: American Indian Asian/Pacific Islander Black
 Hispanic White

Are you in school/GED program? School GED Neither

Name of School/GED Program: _____

Highest grade you have completed? _____ (write "GED" if you have one)

Employed? Full-time Part-time Never been employed Unemployed
 Self-employed (part-time) Self-employed (full-time) Odd jobs

Disabled? Temporary Permanent Head of household? Yes No

Found YES through: Newspaper Poster Radio Television
 Friend Family School YES Staff YES Alumni Other _____

Emergency Contact Name _____ Phone Number (____) _____

Physician Name _____ Phone Number (____) _____

Insurance Company _____ Policy Number _____

Social Security Number _____

Allergies to any foods, insects, plants, or medications? Yes No

If yes, please identify _____

Medical condition(s) or injury that might affect your participation? Yes No

If yes, please explain _____

Describe an idea for a business you'd like to start or a job you'd like to have:

HOUSEHOLD INCOME | Since Learn 2 Earn is supported by public funds, we are required to collect information on your household's total income. **You will not be denied from participating in the program based on your income, however.** Please:

1. Circle the number of people who live in your household.
2. Circle the income level that most closely matches your household size.

Household size	1 person	2	3	4	5	6	7	8
Income Level 1	15,050	17,200	19,350	21,500	23,200	24,950	26,650	28,400
Income Level 2	25,100	28,700	32,250	35,850	38,700	41,600	44,450	47,300
Income Level 3	40,150	45,900	51,160	57,350	61,950	66,550	71,100	75,700

Name of Head of Household: _____

DEPOSIT | We require a **\$20.00 deposit before your program begins. Note: Deposit will be refunded once you have successfully completed the program.**

CONSENT | LIABILITY WAIVER | MEDIA RELEASE

I hereby grant permission for me/my child to participate in any and all program activities. I accept that times and places of these classes, field trips, and activities may vary and/or be flexible. I grant permission to the staff and to any other adult, volunteer or otherwise, who is acting as a chaperone and/or resource person in connection with activities organized by said staff, to administer any emergency first aid treatment that me/my child may require. Furthermore, I grant permission to the foregoing persons to select a hospital and/or physician for me/my child to secure any emergency medical treatment that I/my child may require.

Disclosure: This program involves a variety of activities. There is risk that must be assumed by each participant that she or he may suffer an emotional or physical injury as a result of his/her participation. The level of participation in these activities is, at all times, completely up to the participant. However, I also understand that if I/my child cannot control my/his/her behavior, the staff will exercise whatever non-violent means necessary to control the situation to insure the safety of me/my child and all other program participants. I accept responsibility for requesting and understanding the particular details involved with these activities.

Release of Liability: I understand elements of the program may be physically or emotionally demanding. I affirm that my/my child's health is good, and that I/my child am/is not under a physician's care for any undisclosed conditions that bears upon my/my child's fitness to participate in program activities. I recognize the inherent risk of injury or disability in program activities. I understand that each participant must assume the risk of emotional or physical injury that could result from these activities. I release Young Entrepreneurs Society, Inc. and its partnering agencies, employees, volunteers, vendors, and boards of directors from any and all liability for any injury to me/my child resulting from my/his/her participation in YES program activities.

Media Release: I also provide permission for the Young Entrepreneurs Society, Inc. (YES) to use, reproduce, electronically publish and display my/my child's/ward's name, photograph, and any information provided by me/my son/daughter/ward in all media including, but not limited to, newspapers, magazines, television, radio, and Internet web sites. I understand that this media will be accessible throughout the world and that stories including me/my son/daughter/ward may appear in written, video and electronic form. I understand that information provided by me/my child/ward will be used to promote YES and entrepreneurship generally. I release YES and their agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by me/my son/daughter/ward in the permitted manner.

I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. I have read, understood, and agree to all of the provisions contained in this application.

Applicant Signature _____

Parent or Guardian Signature _____

Date _____

**RETURN APPLICATION AND DEPOSIT TO:
 Learn 2 Earn!, YES, 26 South Main Street, Orange, MA 01364**

YES, Inc. does not discriminate. All applicants receive consideration for participation without regard to race, color, religion, sex, age, sexual orientation, handicap or national origin.