



Fall 2009

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 Lock Haven University, as your child participates in a variety of activities and meets new friends.

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  
588 North Gulph Rd.  
Suite B109  
King of Prussia, PA 19406  
(610) 491-9440  
FAX: (610) 491-9441

[www.thesecondmile.org](http://www.thesecondmile.org)

- 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. Please feel free to share this information with friends and family that may have children ages 5-12. You may either make copies of the application or have interested families contact us at (814) 237-1719.
- The 2009/2010 Friend Calendar includes many exciting events. Children will enjoy picnics, seasonal parties, swimming, and more! Activities occur on Sundays throughout the school year generally from 3-5 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, please give us a call at (814) 237-1719.
- How will your child learn of these activities? *Tentative* dates and times are listed on the calendar you receive. Before each activity, each registered child will receive a **'reminder announcement'** so that you can verify the actual events, dates, and times.
- **PLEASE NOTE THAT YOU MAY REGISTER YOUR CHILD TO PARTICIPATE AT ANY POINT DURING THE SCHOOL YEAR.** To register, 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 for this year, regardless if they have attended in the past. Please keep the calendar on the back of this page and you can send the completed forms to the address below:

THE SECOND MILE  
ATTN: CLINTON FRIEND  
1402 S. ATHERTON STREET  
STATE COLLEGE, PA 16801

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

Sincerely,

Jeremy Fegert  
Director of Programs

**THE SECOND MILE - FRIEND PROGRAM**  
**2009-2010 REGISTRATION FORM - YOUNG FRIEND**

**CHILD INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Number \_\_\_\_\_\_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

My child participated in the Friend Program in the past/last year: \_\_\_\_ Yes \_\_\_\_ No

How did you find out about the Friend Program? \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

**GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

Address (If Different than above): \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Family Physician: \_\_\_\_\_

If Guardian is not home, in case of an emergency, please contact:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**\*\*EVENT PARTICIPATION RELEASE, MEDICAL INFORMATION/CONSENT, AND "RELEASE ASSUMPTION" FORMS  
 THAT FOLLOW MUST BE COMPLETED FOR A CHILD TO PARTICIPATE\*\***

## 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)/Guardian(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, 2009 to August 31, 2010. 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

\_\_\_\_\_  
Printed Name of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**MEDIA RELEASE**

This consent statement authorizes The Second Mile to use at its discretion pictures and news footage as they pertain to \_\_\_\_\_'s (Child's Full Name) involvement in The Second Mile's programs. The pictures will be used for public relations and promotional purposes. Children may also benefit in the development of self-confidence and self-worth as they see themselves "in print" or "on film."

\_\_\_\_\_  
Parent(s)/ Guardian(s) Signature

\_\_\_\_\_  
Printed Name of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**CHILD HEALTH INFORMATION AND CONSENT**

Current Medications:

\_\_\_\_\_

Allergic Reactions:

\_\_\_\_\_

Health Problems:

\_\_\_\_\_

Please describe any problems of which we should be aware and/or problems 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 emergency medical facility to provide such hospital care that includes routine diagnostic procedures and medical treatment as necessary to my minor son/daughter.

\_\_\_\_\_  
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 Photostatic copy of this authorization shall be considered as effective and valid as the original.
- Physical conditions of the minor noted above of 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

\_\_\_\_\_  
Printed Name of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**PERMISSION FOR SHARING OF PARTICIPANT INFORMATION**

Program: The Second Mile Friend Program

Participant's Full Name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ School District: \_\_\_\_\_

My signature on this document 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 BELOW

\_\_\_\_\_ Attendance records

\_\_\_\_\_ Grades/Report cards

\_\_\_\_\_ Educational attainment/placement

\_\_\_\_\_ Awards and honors

\_\_\_\_\_ Intelligence, aptitude, achievement, interest, inventory scores/results

\_\_\_\_\_ 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. Information obtained will be used primarily for goal setting purposes in the program.

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 Jeremy Fegert in writing.  
(Director of Programs)

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Printed Name of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED PACKET TO:**  
THE SECOND MILE ATTN: CLINTON FRIEND  
1402 S. Atherton Street, State College, PA 16801  
(814) 237-1719