

I understand that by signing below I agree to the following, while participating in the K.I.D.S. program:

- I will follow all conditions, schedules, and guidelines of the classes that I will attend.
- I will make continued progress both in the class I participate in and in school.
- I will maintain consistent effort and participation in the classes to progress through the ranks.
- I will engage in and participate in any fundraiser, community service, or charitable event scheduled by the K.I.D.S. program.

By not adhering to the above ground rules of the K.I.D.S. program, I understand that my case may be subject to review, a "1 on 1" discussion in regards to my compliance, and if necessary termination of my program.

CONSENT TO RELEASE INFORMATION AND CONFIDENTIALITY NOTICE

I also understand that by signing below that any eligibility determining member of the K.I.D.S. program may have access to documentation needed to determine eligibility for the program which includes:

- At risk statements from the ISD that I am currently enrolled in.
- Copies of public assistance records from any city, county, or state agency.
- Copies of documentation showing offender status from any city, county, or state agency.
- Personal income statements from my parents or guardians.

I also further understand that this information will be kept confidential and will only be used for eligibility purposes only. This information, once obtained, will be kept in a file and will not be disclosed to any outside agencies or persons without my prior consent and if necessary a parent or guardian.

_____	_____	_____
Printed Name	Client Signature	DATE

_____	_____	_____
Printed Name	Parent/Guardian Signature	DATE

_____	_____	_____
Printed Name	K.I.D.S Representative Signature	DATE