



# F.I.Y.A

(Fierce Inspiring Young Adults)



**WHAT:** F.I.Y.A is a unique educational mentoring, leadership, and youth development experience for high school girls. The program is a component of Cultivating Resilient Youth, Inc. whose mission is to Empower, educate and mentor youth for success in life through program development and academic preparation, while creating and providing opportunities for social change to build a strong foundation for a successful future.

This Mentoring program will focus on empowering youth by helping them find and utilize different survival tools for school, business and life. We focus on self-improvement, academics, attendance and attitude. We do this by working on self-confidence, self-worth and respect for self and others. We inspire and motivate these young women to make better decisions, to become better students, people and potential employees or entrepreneurs.

If you are someone who is interested in the world around you and wants to make a positive difference in yourself and your community, F.I.Y.A is for you!

**WHO:** F.I.Y.A is looking for girls who care. We will bring together a diverse group of girls. A strong desire to participate is what is most important!

Eligibility criteria include the following:

- Be a girl in highschool.
- Live and go to school in Allegheny County.
- Have a sincere desire to improve yourself and be of service to others.
- Regularly attend the weekly meetings during the school year.
- Submit completed application including written permission from your parent/guardian.

**WHEN:** F.I.Y.A sessions will be held weekly at Brashear High School.

**HOW:** We are seeking applicants for the 2020 - 2021 year. Applications are available and can be submitted by contacting Nikkia Ingram at 412-339-0469 or emailing [cultivatingresilientyouth@gmail.com](mailto:cultivatingresilientyouth@gmail.com)



# F.I.Y.A

(Fierce Inspiring Young Adults)



## 2020-2021 PROGRAM APPLICATION

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Number, Street, and Apartment #) (City) (State) (Zip)

STUDENT EMAIL (if any): \_\_\_\_\_

STUDENT PHONE (if any): \_\_\_\_\_

STUDENT SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

### Parent/Guardian Information

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS (leave blank unless DIFFERENT than student's):

\_\_\_\_\_  
(Number, Street, and Apartment # if any) (City) (State) (Zip)

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

PARENT/GUARDIAN CELL: \_\_\_\_\_

Is it OK to text you reminders and updates about the program (check one)?  YES  NO

(Please note: Your carrier's standard text messaging rates may apply)

HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

### Health-Related Information

This information is important to protect your child in the event of an emergency.

NAME OF FAMILY PHYSICIAN (if any): \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

INSURANCE CARRIER (if any): \_\_\_\_\_

POLICY# \_\_\_\_\_ GROUP #: \_\_\_\_\_

LIST ANY HEALTH-RELATED INFORMATION THAT MAY BE HELPFUL TO THE STAFF:

\_\_\_\_\_



# F.I.Y.A

(Fierce Inspiring Young Adults)



### Allergy Policy

For the safety of the participants, we ask that parents disclose information about any known allergies. Please indicate the level of severity and describe any precautions or prescribed medications.

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

(Non-Allergy) DIETARY RESTRICTIONS (vegetarian, gluten free, etc.): \_\_\_\_\_

\_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT:** I hereby give permission for my child to receive medication and emergency care if necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

**EMERGENCY CONTACT:** In case of emergency when parent/guardian is not available, please notify:

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

CELL: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

The following adult(s) (with proper identification) also have permission to pick up my child:

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**Field Trip Permission:** I hereby permit my child to participate in any and all field trips sponsored by Cultivating Resilient Youth . I understand that I will be informed of scheduled trips; however, impromptu outings to local recreational events and facilities may occur.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date



# F.I.Y.A

(Fierce Inspiring Young Adults)



## WAIVER AND RELEASE

I authorize Cultivating Resilient Youth, Inc. ("CRY") to photograph (still photo, film, videotape, or digital imagery/video), record (audiotape or digital) and/or interview my child using either a CRY photographer/videographer or a photographer/videographer hired by CRY, or a photograph or recording provided to CRY by me. I understand that CRY, and in some cases, organizations with which it has partnered, shall have all legal rights to said photography/ recording(s) /interview(s), and that I give up any and all rights to these organizations and will not receive any payment or compensation for the same now or in the future. I understand the photography/recording(s) / interview(s) may be used for publicity, education, public information, or fundraising by CRY and that the photography / recording(s) could appear on CRY's website and/or elsewhere on the Internet. In consideration for my minor child's participation in the program, I/we hereby release and discharge CRY, its officers, directors, employees, agents, and representatives from any claims, liability, or results caused by the use of such photography/recording(s) and/or interview of me as provided herein. I understand that I will not receive any special services or compensation in exchange for my agreeing to sign this authorization. I understand that I may revoke this authorization at any time by providing written notice to CRY addressed to: P.O. Box 44231, Pittsburgh, PA 15205. However, such revocation shall not affect CRY's right to use information, photography / recording(s), and / or interviews made or obtained prior to my revocation of this authorization.

In consideration for being accepted to participate in the F.I.Y.A. program, sponsored by Cultivating Resilient Youth I/we, being 21 years of age or older, do for myself/ourselves and for and on behalf of the minor –participant, and our/their lawful heirs, hereby release, forever discharge and agree to hold harmless Cultivating Resilient Youth, along with its directors, officers, employees, or agents from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the minor-participant while said my minor child is participating in any programming events. Furthermore, I/we and on behalf of my/our minor-participant, and our lawful heirs, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in any activities involved therein.

By signing below, I attest that I am the parent or legal guardian of the minor participant with all rights and responsibilities to agree to and execute this Waiver and Release for both Photography, and that it will be legally binding on myself, my child, and any lawful legal representatives, heirs, or assigns.

\_\_\_\_\_

Participant Name

\_\_\_\_\_

Participant Date of Birth

\_\_\_\_\_

Parent/Legal Guardian or Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date



# F.I.Y.A

(Fierce Inspiring Young Adults)



## Optional Information

The following questions are optional. They help us improve our programs and evaluate our impact. We appreciate your responses if you feel comfortable providing them.

HOW DID YOU HEAR ABOUT CULTIVATING RESILIENT YOUTH PROGRAMS? (check all that apply)

- Google or other search engine                       Word of Mouth or Participant  
 My child's school     At a PTO or other parent's group meeting  
 Blog/Website/Social Media: \_\_\_\_\_ (which one?)  
 Other (please specify): \_\_\_\_\_

STUDENT'S RACIAL BACKGROUND IS (please check all that apply):

- African American/Black                       American Indian/Alaskan Native                       Asian American/Pacific Islander  
 Caucasian/White                                       Indian     Multi-racial  
 other (specify) \_\_\_\_\_

STUDENT'S ETHNIC BACKGROUND IS (please check one):

- Hispanic or Latino                       Not Hispanic or Latino

Yearly household income (total income of everyone in the house where the child lives – check one):

- \$0 - \$24,999     \$25,000 - \$39,999     \$40,000 - \$54,999     \$55,000 - \$69,999     \$70,000+

NUMBER OF PEOPLE IN THE HOUSEHOLD where the child lives, including yourself (circle one):

- 2   3   4   5   6   7   8   9   10   more than 10



# F.I.Y.A

(Fierce Inspiring Young Adults)



## II. Essay question

You may respond on a SEPARATE SHEET if additional space is needed. Limit your response to 200 words or less.

**IF YOU COULD CHANGE ONE THING ABOUT YOUR COMMUNITY TO MAKE IT A BETTER PLACE, WHAT WOULD YOU CHANGE AND HOW?**





# F.I.Y.A

(Fierce Inspiring Young Adults)



## RECOMMENDATION FORM

F.I.Y.A is a unique mentoring and leadership experience for high school girls in the Greater Pittsburgh Area. Cultivating Resilient Youth will select girls to empower, educate and mentor for success in life through program development and academic preparation, while creating and providing opportunities for social change to build a strong foundation for a successful future.

Cultivating Resilient Youth believes that leaders can be persons of any age; that leaders are found everywhere; and that girls can contribute to their community in significant ways. For this program we are not only looking for girls who have already demonstrated leadership abilities, but for girls who have the potential to be great leaders with encouragement and training.

**Cultivating Resilient Youth attaches considerable weight to references like the one you are providing. We appreciate your time and consideration in preparing this recommendation.**

Name of Student: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In what capacity and how long have you known the applicant? \_\_\_\_\_

1. **Participation in F.I.Y.A requires commitment, teamwork, and an interest in being of service to one's community. What unique qualities/strengths would suggest that this applicant would be an asset to the F.I.Y.A team?**

2. **Describe a situation in which you observed the applicant demonstrate leadership or potential for leadership.**





**F.I.Y.A**  
(Fierce Inspiring Young Adults)



3. What areas do you see as the greatest potential for growth for this applicant?

Additional comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the applicant or send to the address below. APPLICATION DEADLINE IS SEPTEMBER 30, 2021.**

Nikkia Ingram, Founder/CEO

P.O. Box 44231

Pittsburgh, PA 15205

412-339-0469

[ningram@cultivatingresilientyouth.org](mailto:ningram@cultivatingresilientyouth.org)

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



**F.I.Y.A**  
(Fierce Inspiring Young Adults)



**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate in the Fierce Inspiring Youth Adults program (F.I.Y.A.) and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



**F.I.Y.A**  
(Fierce Inspiring Young Adults)



**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Note:** This is a sample waiver form only. Final wording should be directed by the insured's legal counsel but must observe the principles represented within the above. The signed waiver/release should be kept on file by the Cultivating Resilient Youth organization for at least 7 years and possibly longer if the participant has contracted a serious illness.