



Junior Main Street Application

Thank you for applying to be in the Junior Main Street program! This is an exciting new opportunity to allow people your age to **accomplish great things** for our downtown!

You will learn how to make decisions as a group, **choose a project** that will make a difference in downtown Enid and **develop a plan** to accomplish the goals of the project! The projects must fit within Main Street Enid's mission of revitalizing downtown Enid, which is fairly unlimited within that mission - flowers, recycling, art, starting a business...

We will first have a 2-afternoon in-town retreat, where we will have fun with leadership training and team-building exercises. We will learn about Main Street Enid and the possibilities that are ahead of you within the program.

Please fill out this application to be considered for the Junior Main Street Retreat, to be held on **June 24 & 25, 1:00 - 4:00 pm**, which kick off the Junior Main Street Program. This program is open to students **going into 6th - 8th grade**, who have at least one parent employed within the downtown district, or is a member or volunteer of Main Street Enid.

After our retreat, we will begin scheduled meetings at the **Main Street Enid office, 217 N Washington**. We cannot provide transportation, so please make sure you have a ride to and from the retreat and the meetings. We will determine the best day of the week, depending on everyone's schedules. We will meet after school, arriving soon after 3:30, and you may be picked up at 5:30.

Name: _____

Age: _____

School: _____

Grade: _____

E-mail: _____

Phone: _____

Tell us why you're interested in the Junior Main Street Program:

Parent's Name: _____
Phone Number(s): _____
Place of Employment: _____
Home Address: _____
E-mail: _____

Emergency Contact: _____ Relationship: _____
Daytime Phone: _____ Cell Phone: _____
Preferred Hospital: _____ Physician's Name: _____
Insurance & Number: _____ Physician's Phone: _____

Please list any medical conditions or allergies (food or otherwise) we should be aware of:

I authorize the following people to pick up my child:

MEDICAL EMERGENCIES:

In case of a medical emergency, after every reasonable effort has been made to contact me or the child's physician, I hereby give my permission to the Emergency Medical personnel contacted by Main Street Enid to secure treatment for, hospitalize, and order injection, anesthesia, or surgery for my child. I also authorize Main Street Enid to provide a copy of this form to proper medical personnel for purposes of treating my child. In the event that any such treatment is not covered by insurance applicable to the activities, I agree to pay all expenses incurred in such emergency treatment.

PHOTO/VIDEO RELEASE:

I give permission for my child to have photographic and/or video images taken while volunteering for Main Street Enid for **promotion purposes**. Consent is given to Main Street Enid employees and Junior Main Street volunteers to use my child's name for use in any media for promotional purposes without compensation for such usage.

Name of Parent / Legal Guardian (please print): _____

Signature of Parent / Legal Guardian: _____ Date: _____