Community House Crossings Project
Standing with families since 1969

Strength Through Education: Live, Learn, Lead
2019-2020 Academic Year Student Diversity Workshop Series

These workshops aim to create and provide a safe space for middle and high school students to learn and discuss important themes of self-identity formation and to explore how personal narratives relate to their environment. This series is open to middle and high school students who live in Princeton, NJ. Developed and facilitated by Princeton University undergraduate students.

There will be a workshop one Saturday every month throughout the 2019-2020 Academic School Year. Each workshop will run from 10AM-2PM with a lunch break (food will be provided). Each session will cover a central topic through different activities and discussions led and facilitated by undergraduate mentors. The main theme throughout this academic year is to delve into topics of intersectionality. By examining how each participant lives, the group will learn how individual identities are connected to personal environments, and how each individual can move forward to lead a new wave of strengthened personal education.

The goal of these sessions is to teach participants how to personally identify, critically engage, and promote awareness around multidimensional and intersectional identities. This series hopes to help students develop a unique and personal understanding of diversity issues. We also hope that they will be able to extend these conversations started in the workshops with their families and friends. It is important for these students to establish these connections so that they can continue to appreciate and strengthen their identities in all areas of their lives.

Note: Applications will be accepted in a first-come, first-served basis. Space is limited for each of the two groups (middle school and high school).

COMPLETED APPLICATIONS CAN BE RETURNED TO COMMUNITY HOUSE DIRECTLY OR SUBMITTED VIA EMAIL, MAIL, OR FAX.

CONTACT COMMUNITY HOUSE:
58 PROSPECT AVE, PRINCETON, NJ
EMAIL: HOUSE@PRINCETON.EDU
PHONE: 609-258-6136 FAX: 609-258-7377

Workshop Schedule

The Crossings Program Meets on Saturdays from 10am-2pm.
Dates for 2019-2020 to be announced.
Registration Form
All Fields Must Be Completed.

Student Information:

First Name: _____________________________      Last Name:__________________________________
Age:_________  Date of Birth:_______________    Gender:_____________________________________
School: _________________________________      Grade:______________________________________
Home phone:_____________________________    Cell Phone: __________________________________
Home
Address:______________________________________________________________________________
_____________________________________________________________________________________

Email Address:

Parent/Guardian Information:

First Name: _______________________________ Last Name:__________________________________
Place of Employment: ______________________________Work Phone:__________________________
Home phone:_____________________________    Cell Phone: __________________________________
Home
Address:______________________________________________________________________________
_____________________________________________________________________________________

Email Address:
Community House Crossings Project
Standing with families since 1969

Emergency Contact Information (Must Be Different Than Parent/Guardian):

First Name: _______________________________  Last Name: _________________________________

Relationship to Student: _________________________________ Work Phone: _______________________

Home phone: _________________________________  Cell Phone: ________________________________

Email Address: __________________________________________________________________________

Please list 3 reasons why you want to participate in this workshop series:

1. ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

2. ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

3. ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

Name of an adult (teacher/guidance counselor/mentor/parent) who will support your application:
____________________________________________________________________________________
PARENT/GUARDIAN WAIVER AND CONSENT FORM

2019-2020 ACADEMIC YEAR STUDENT DIVERSITY WORKSHOP SERIES PARTICIPANT
Please indicate your consent by checking each box, initialing each section and providing your signature.
A student selected for this program must have this form completed and signed.

● I certify that I am the parent or legal guardian authorized to sign this waiver and consent form on behalf of my child/ward ("Participant").

Name of parent/legal guardian (print): __________________________________________

Home address: __________________________________________ Email address:_______________________

Home Phone: _____________________________ Cell Phone:_____________________

● Permission to participate and abide by code of conduct ______________ Your initials
   I am the parent/guardian of ________________, now known as Participant, and hereby give my permission for Participant to participate in the 2019-20 Academic Year Student Diversity Workshop Series with the understanding that there will be a variety of identity-related activities and discussions associated with the diversity and intersectional identities, which will take place on or near the Princeton University campus, unless otherwise notified. I understand that Participant will be required to sign a Participant Code of Conduct Agreement and should any rules be broken, it is at the discretion of the undergraduate student mentors to release Participant from the workshops, upon notification to the parent/legal guardian.

● Permission to participate in field trips: ______________ Your initials
   I authorize Participant to go on field trips that may be scheduled and sponsored by Community House, with the right to forgo his/her participation in as specific trip. I agree that neither I nor any member of my family will seek to hold Princeton University, Community House, and/or their respective students, officers or employees liable for any damage or injuries which may be sustained to my child. I, nor any member of my family, will hold Princeton University, Community House responsible for incidents beyond their control. I understand pursuant to New Jersey law that any damage or injury sustained by my child as a result of an automobile accident will be covered by my automobile insurance policy (under PIP/No Fault).
Community House Crossings Project
Standing with families since 1969

- Permission to photograph or film Participant: __________ Your initials

In recognition of my child/ward’s participation in programs, events and activities in conjunction with Princeton University, I hereby grant The Trustees of Princeton University permission to videotape, photograph or otherwise record my child/ward and to use such recordings and biographical data in any media, on a perpetual basis, for non-commercial purposes. I also grant permission for my child/ward to be interviewed, photographed, videotaped or otherwise recorded by media unaffiliated with the University that may cover these programs, events and activities.

- Approval to participate, waive, release, agree to hold harmless

I hereby give my approval for Participant to participate in this program and waive, release, and agree to hold harmless the organizers, facilitators, teachers, participants, and any other personnel involved in the operation, organization, sponsorship, supervision or participation of this Student Diversity Workshop Series, including without limitation, the Trustees of Princeton University, Community House, and their respective trustees, directors, members, officers, employees and agents from any claim or cause of action of any nature that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident, or illness to the Participant, arising in any way out of or in connection with the Participant’s participation in such program and activities.

___________________________________________

Parent/Legal Guardian Signature

_____________________

Date

PARENT/GUARDIAN ACKNOWLEDGEMENT OF TRANSPORTATION
2018-2019 ACADEMIC YEAR STUDENT DIVERSITY WORKSHOP SERIES PARTICIPANT

Please indicate below how your child/ward will get to and from the workshop series.

- My child/ward, ________________ has my permission to walk from home to the program and back home after the program.

- My child/ward, ________________ has my permission to have the individuals noted below, drive him/her to the camp and pick him/her up from the camp.

  Name: ____________________________ Phone: ____________________________

  Name: ____________________________ Phone: ____________________________

  Name: ____________________________ Phone: ____________________________

___________________________________________

_____________________

Parent/Legal Guardian Signature

_____________________

Date
MEDICAL INFORMATION
2019-2020 ACADEMIC YEAR STUDENT DIVERSITY WORKSHOP SERIES PARTICIPANT

Please attach copies of information on the health and wellbeing of your child/ward ("Participant"), including copies of any health insurance cards or other documents. Include below, any information you feel is important for us to know that may affect the “Participant’s” ability to fully participate in the camp program. Read and review the permission statement noted below, providing your signature to indicate your approval.

● Permission for medical treatment for ______________________ and obligation to assume medical expenses:

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which medical treatment may be necessary, I hereby authorize an appropriate adult member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that, where practical, a representative of Princeton University will use all reasonable efforts to notify me prior to initiating medical treatment for the Participant. If I am not available, I give my permission to any such physician or other medical personnel to provide such medical treatment, as that individual deems medically appropriate. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant’s injuries including, without limitation, physician, hospital, lab, drug and device expenses.

____________________________________                 ___________________________________
Parent/Legal Guardian Print Name                         Parent/Legal Guardian Signature

___________________________________________
Date