

The Manhood Development Program Application

Crew Member Name: _____

Date of Birth: _____ Age: _____ Race: _____

Shirt Size: YS YM YL YXL SM. MED. LG. XL 2XL 3XL 4XL **Shorts size:** S M L XL 2XL 3XL

Parent/Guardian Name: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Phone #: _____ Cell #: _____ Emergency #: _____

Email address: _____

Number of Residents in household (*including yourself*): _____ Religious Preference: _____

List all organizations, extracurricular, clubs your son is involved in:

Describe your son's conduct behavior at school, home and/or other:

Describe any pronounced challenges that your son may be having (social, moral, and physical):

To your knowledge, has your son been involved in the abuse of any substance (himself, family, friends):

To your knowledge is your son involved in any gang activity (himself, family, friends):

Parent's Pledge to Manhood



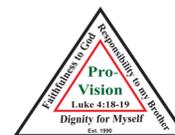
1. I will work to be the best parent I can be. Parenting is a daily mission, and there are no substitutes for good parents. Since I have not been taught to be a parent, in order to make my “on the job” training easier I will study, listen, observe, and learn from my mistakes.
2. I will openly display love and caring for my mate and children. I will listen to my mate and children. I will hug and kiss my children often. I will be supportive of my spouse and spend quality time with my children.
3. I will teach by example. I will try to introduce myself and my family to something new and developmental each week. I will help my children with their homework and encourage them to be involved in extracurricular activities.
4. I will read to or with my children as often as possible. I will provide opportunities for my children to develop creatively in the arts: music, dance, drama, literature, and visual arts. I will challenge my children to do their best.
5. I will encourage and organize frequent family activities for the home and away from the home. I will try to make life a positive family.
6. I will never be intoxicated or “high” in the presence of my children, nor will I use language unbecoming for an intelligent and serious parent.
7. I will be nonviolent in my relationships with my mate and children. As a parent, my role will be to stimulate and encourage my children rather than carry the “big stick”.
8. I will maintain a home that is culturally in tune with the best of a diverse culture that represents the best of what it means to be a citizen of the world.
9. I will teach my children to be responsible, disciplined fair, and honest. I will teach them the value of hard work and fruitful production. I will teach them the importance of family, community, politics, and economics. I will teach them the importance of the ownership of property and businesses plays in a role in promoting a just society.
10. As a parent, I will attempt to provide my family with an atmosphere of love and security to aid them in their development into sane, loving, productive, spiritual, hard-working, creative people who realize they have a responsibility to do well and help the less fortunate of this world. I will teach my children to be activists and to think for themselves.

We have to keep our children active, and it is never too early to prepare them for the outside world. Listed below are a set of recommended skills and hobbies for children.

Finally, life in the United States is full of stress. If a “plan” for child-rearing has not developed individually, parents should consult the “literature” professionals and grandparents for support and direction. Again, Life is not easy, but we do have a choice: live or die. In order to maintain our humanity we must a decision to grow and develop as total individuals.

We must have a greater commitment to family and community. Families should probably be started later after one has accomplished other tasks. It is clear that once family and most certainly, once children arrive, those parents must dig in for the long haul. The parents’ lives are not just theirs any more. Their lives also must be shared with their children. Most importantly, parents must understand that often their own “enjoyment”, “adventure”, “play time”, and, yes “happiness” may have to be sacrificed for the “joy, adventure, and happiness” of their children.

Parent's Pledge to Manhood



Erikson's stages of psychosocial development, as articulated by Erik Erikson, explain eight stages through which a healthy developing human should pass from infancy to late adulthood. In each stage, the person confronts, and hopefully masters, new challenges. Each stage builds upon the successful completion of earlier stages. The challenges of stages not successfully completed may be expected to reappear as problems in the future.

Approx. Age	Virtues	Psycho Social Crisis	Sufficient Relationships	Existential Question	Examples
0 - 2 years	Hopes	Basic Trust vs. Mistrust	Mother	Can I trust the world?	Feeding, Abandonment
2 - 4 years	Will	Autonomy vs. Shame & Doubt	Parents	Is it okay to be me?	Toilet, Training, Clothing Themselves
4 - 5 years	Purpose	Initiative vs. Guilt	Family	Is it okay for me to do, move and act?	Exploring using tools or making art
5 - 12 years	Competence	Industry vs. Inferiority	Neighbors, School	Can I make it in the world of people and things?	School & Sports
13 - 19 years	Fidelity	Identify vs. Role Confusion	Peers, Role Model	Who am I? What can I be?	Social Relationships
20 - 39 years	Love	Intimacy vs. Isolation	Friends, Partners	Can I love?	Romantic Relationships
40 - 64 years	Care	Generativity vs. Stagnation	Household, Workmates	Can I make my life count?	Work & Parenthood
65 - death	Wisdom	Ego Integrity vs. Despair	Mankind, My Kind	Is it okay to have been me?	Reflection of Life

It is clear that once family and most certainly, once children arrive, those parents must dig in for the long haul. It takes \$250k to raise a child from birth to 17 years, not including school, medical, etc. The parents' lives are not just theirs any more. Their lives also must be shared with their children. Most importantly, parents must understand that often their own "enjoyment", "adventure", "play time", and yes "happiness" may have to be sacrificed for the "joy, adventure and happiness" of their children. This is part of what it means to be a parent.

Our first responsibility with children is to give them the opportunities, to provide them with options that most of us never had. That's what development and struggles are all about.

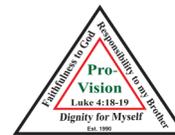
Parent/Guardian Signature: _____

Date: _____

Manhood Development Director: _____

Date: _____

Manhood Attendance & Tardiness



Once a crew member is admitted into the program, punctuality is expected. After the 2nd tardy violation within a month, disciplinary actions will be imposed by the program. Parents and the Director will jointly decide upon the action.

Attendance sign-in sheets must be signed upon entering the program.

Rules and Guidelines

1. Parent or guardian will call the Director before and on the day the crew member is absent.
2. Crew members will bring a note explaining the absence to the Director before or upon his return to the program.
3. If it is necessary for a crew member to be excused from the scheduled day, a note requesting early dismissal (signed by parent/guardian) must be presented to the Director before sessions begin.
4. A crew member who becomes ill during the scheduled day must return home. The Director or a staff member delegated by him will contact his parents for arrangements to transport the crew member home.
5. An unexcused absence for all or part of a meeting is a major offense.
6. A crew member who is absent for more than two consecutive days must have a conference with the Director upon returning.

Prohibitions

The Manhood Development Program has few prohibitions, but they are strictly enforced and interpreted by the coaches. Penalties and consequences for violating the rules will be determined by the Coaches.

Crew Members must:

- a. Don't name call and put each other down
- b. Don't curse each other
- c. Don't squabble with one another
- d. Don't be discourteous toward one another and to the Coaches/Elders
- e. Don't rob one another
- f. Don't steal from one another
- g. Don't fight one another
- h. Don't kill one another
- i. Don't use and sell drugs to one another
- j. Don't throw trash and dirt on the streets and in places where you live, eat and learn
- k. Don't cheat each other
- l. Don't lie about each other and to the Coaches/Elders
- m. Don't destroy and tamper with the personal property of others
- n. Don't gamble and waste money
- o. Don't disregard your personal appearance

These prohibitions were adapted from Dr. Frances Welsing (1974)

In the events of violations, crew members will subject themselves to a parent/Director conference for disciplinary actions or expulsion.

Crew Member: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Manhood Crew Components



This component service as an Assessment tool to identify candidates for The Pro-Vision Manhood Development Program. After the intake interview and for a period of six (6) weeks the staff will monitor the crew members' progress using the following criteria:

- Regular attendance at the program
- Parent responsiveness to the program
- Adherence to program students
- Improvement in school academics
- Behavioral improvements at home and school
- Interest in The Manhood Development Program

Crew Member Rule of Conduct

- Each crew member must be willing to receive instructions, directions and corrections from an adult staff or volunteer member.
- Each crew member must be properly dresses (appropriate for age, weather, and school, not socially offensive).
- Upon entering The Manhood Development Training Centers, crew members must remain standing by his chair until a Coach instructs him to sit.
- Crew members must clear the classroom and corridors within five (5) minutes after their dismissal.

The Manhood Development Program Services

This component serves as the goal for all crew members. Membership has to be earned by the student and cannot be deprived or deferred by any other means. The Manhood Development Program process has relevant opportunities to demonstrate responsibility and accountability. Membership in The Manhood Development Program provides opportunities for Structure, Directions, Culture, Awareness, Community Service, Career Development, and Organized Fraternal Relationships.

NOTICE OF NON DISCRIMINATION

Pro-Vision, Inc. does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

Signature(s):

Crew Member: _____

Date: _____

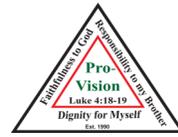
Parent/Guardian Signature: _____

Date: _____

Manhood Development Director: _____

Date: _____

Medical Survey



Crew Member: _____

Last 4 of SS #: _____ Date of Birth: _____ Age: _____

Parent Name: _____

Phone Number: _____ Emergency Number: _____

INFORMATION SHOULD BE COMPELTED BY THE PARENT/GUARDIAN

Previous History	Yes	No	Explain
Allergies			
Asthma			
Bleeding			
Diabetes			
Disability			
Emotionally Disturbed			
Head Injury			
Hepatitis			
Hernia			
High Blood Pressure			
Kidney or Lung Disease			
Neck Injury			
Rheumatic Fever			
Sickle Cell			
Surgical Operations			
Tuberculosis			
Other			
Other			

Each crew member and his parents/guardians are required to notify the Manhood Development Director of the following medical needs:

- Prescription Drugs Currently taking: (must be proper prescription labeling and provided to Director)

Name of Drug: _____

Dosage: _____

Name of Drug: _____

Dosage: _____

- Medical condition such as epilepsy, diabetes, and allergies (*bee stings, bites, medication, foods, etc.*)

Allergies: _____

- Medical Treatment such as asthma, inhalants, insulin, etc.

Parent Signature: _____

Date: _____

Medical Insurance Authorization Form



THIS FORM MUST BE COMPLETED AND RETURN ALONG WITH A COPY OF YOUR INSURANCE CARD AND ID

STUDENT INFORMATION

Student name: _____ Social Security #: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian name: _____

Check here if address is the same as above

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Phone #: _____ Alt. #: _____ Emergency #: _____

Email address: _____

INSURANCE COMPANY INFORMATION

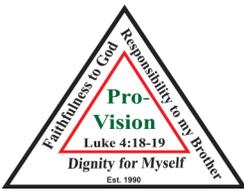
Insurance Carrier: _____ Policy Number: _____

Insurance Holder Name: _____ Relationship to the Student: _____

Address of Insurance Carrier: _____

I assure that all information provided by me is true. I authorize Pro-Vision to use the information when needed and required by an authorized organization.

Parent/Guardian Signature: _____ Date: _____



Manhood Development Field Trip Permission Form

The Manhood Development Program will participate in various field trips. As parent/legal guardian of _____, I grant permission for him to participate in **ALL** scheduled activities and fieldtrip.

Cost of Trip per Child: FREE

Required Dress Code: Per Manhood dress code

By extending your permission for your child to participate in this trip, you are expressly agreeing to release Pro-Vision and their appointed trip leaders from any and all liability for any claims, legal or otherwise, which could arise from said trip. This includes any claims for liability for personal injuries or death even if sustained as a result of negligence of any of the released parties. By signing this Release, you are agreeing that Pro-Vision and the trip leaders are not responsible for accidents, personal injuries or death, baggage losses, weather or other problems. In the event it becomes necessary or advisable for the comfort or well-being of the trip participants, or for any reason whatsoever, to alter the itinerary or arrangements, such alterations may be made without penalty to Pro-Vision and/or their appointed trip leaders.

I, _____, the parent/guardian of _____ (student), may be contacted by phone at _____ to authorize medical treatment in the event of an accident or serious illness to my child. Should I not be available, I do hereby authorize any representative of The Pro-Vision Academy to authorize treatment in my proxy. I understand that in doing so, I do not hold them liable in any way.

Parent/Guardian Signature

Date

Please list **ANY** medication that the student is currently taking: _____

My student has the following allergies: _____

My student's medical insurance policy is with: _____



Student Media Release & Consent Form

Throughout the school year, students may be highlighted in efforts to promote Pro-Vision Educational Services, Inc. activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give Pro-Vision Educational Services, Inc. and its employees, representatives, and authorized media organizations permission to use named child's photo or video, and likeness for the purpose of promotion by Pro-Vision Educational Services, Inc. for all forms, media and manners, for the following, but not limited to news release, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

- * This is with the understanding that neither Pro-Vision Educational Services, Inc. nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproductive/broadcast of said photograph or likeness. I am fully aware that I will not receive monetary compensation for my child's participation.
- * I further release and relieve Pro-Vision Educational Services, Inc., its Board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.
- * I waive any right to inspect the uses of any printed or electronic copy. I hereby release Pro-Vision Educational Services, Inc. and its employees, representatives, and authorized media organizations for any claims that may arise from the uses, including without limitations claims of defamation or invasion of privacy, or of infringement of moral rights of rights of publicity or copyright.

I certify that I have read the Media Consent and Release Liability statement and fully understand the terms and conditions.

Please Print:

Name of Child _____ Grade _____

Address _____

City, State, Zip _____

Signature of Parent or Guardian _____

Date _____

Phone number _____

4590 Wilmington Street, Houston, Texas 77051
Phone: (713) 748-0030 · Fax: (713) 748-0037
Web: www.provision-inc.org

Waiver of Liability & Assumption of Risk



The Manhood Development will be organizing or planning various events, trips and/or other general activities that shall occur on a recurring basis (hereafter).

Your manhood crew member wish to participate in the “activities”. This release is effective beginning the date it is signed and you (*the parent*) may be required to sign a new parent consent form upon activities. In consideration of being allowed to participate in any way in The Manhood Development’s activities, the undersigned acknowledges, appreciates, and agrees that:

I, _____, hereby certify that as parent/guardian with legal responsibility for _____ (“*Manhood Crew Member*”), I have given my consent to The Manhood Development for my child to participate in the “activities” held by Pro-Vision, Inc. and/or authorized organizations. I am aware that these activities include risks of physical injury to my child and other participants.

- ⇒ I hereby acknowledge that my son will participate in various activities. I give my son permission to participate in all scheduled activities. I understand participation in these activities are required by The Manhood Development program.
- ⇒ If my son needs medical attention while participating in the activities, I give Pro-Vision, Inc., its employees and volunteers, permission to seek medical diagnosis and treatment which in their best judgment they seem to be necessary or appropriate under the circumstances. I agree to pay for all medical expenses incurred as a result of the use of this consent.
- ⇒ I also agree to assume all risk, fully release and hold harmless to Pro-Vision, its employees, volunteers and/or contractors, from any and all injuries, claims, liabilities or causes of action which may arise from my son’s participation in the activities.
- ⇒ I understand that it is my obligation to inform the employees and/or volunteers of any and all health considerations or medical conditions that would restrict my son’s participation in any and all activities.
- ⇒ I acknowledge that I am not aware of any condition or limitations that would prevent my son’s participation in the activities. I will not allow my son to participate in the activities should I become aware of any such condition or limitation and will not allow my son to participate in the activities should he have any illness or disease which I reasonably understand to be contagious to others or would put others in jeopardy of contracting such illness or disease.
- ⇒ I understand by signing this release Pro-Vision employees, volunteers, and authorize organizations are not responsible for accidents, personal injuries, death and/other problems.
- ⇒ In the event it becomes necessary or advisable for the comfort or wellbeing of my son for any reason whatsoever, to alter the itinerary or arrangements, such alternations may be made without penalty to Pro-Vision or their authorized organizations.
- ⇒ I have fully informed myself of the contents of this waiver of liability and assumption of risk by reading it before I signed it.

Crew Member’s Signature: _____

Date: _____

Parent’s Signature: _____

Date: _____