

Dear Parents/Guardians:

Welcome to PITCH 4 KIDZ. We are excited about serving your children and teaming up with you to interrupt the cycle of addiction with this generation. We hope to be instrumental in giving your children and family a new legacy, one of health and resilience.

This is your final registration packet required for participation in the PITCH 4 KIDZ Program.

Please keep the first two pages in this packet; as they are for your information only:

* The Children’s Program Overview
* Group Rules

**Please read and return the following final registration forms at your earliest convenience:**

* **Program Release Form**
* **Participation & Payment Information**
* **Confidentiality Agreement**
* **Program Pick-Up Procedures**

Please see the schedule below for your mandatory Parent Orientation schedule & Weekend Program Date. The Parent Orientation will allow you to meet the PITCH 4 KIDZ staff, tour the facility, ask questions, and learn how you can facilitate the best program experience for your child(ren). *Parents only attend the Parent Orientation.*

Thank you for giving your children the gift of the PITCH 4 KIDZ Weekend Workshop. Your participation is an indication of your love and care for your children. We applaud your courage and dedication as parents/caregivers. The road to recovery is filled with rich possibilites when all family members are offered support in a safe environment to learn healthy coping strategies.

We are honored to be a part of your journey and look forward to a fun and educational weekend. Please call us if you have any questions or concerns.

Sincerely:

The PITCH 4 KIDZ Staff

**Mandatory Parent/Caregiver Orientation is on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(day), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time).**

**Program Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_promptly @ 8:30 am-2:30pm**

*Parents participate the full day on Day 3.*



CHILDREN’S PROGRAM OVERVIEW

**Day One:** **Addiction: It’s Not My Fault**

**Friday (Kids Only)** After creating a safe, supportive environment, children learn basic facts **8:30am – 2:30pm** about the disease of addiction. Through a variety of games and play,

children learn key concepts such as loss of control, addiction, relapse, treatment and recovery. Children learn that their loved one’s addiction is not their fault.

**\*\* Please note: There will be a 10-minute orientation for the adults promptly at 8:30am**

**Day Two: A Feelings Disease: It’s Okay to Share My Feelings**

**Saturday (Kids Only)** Building on what was learned in day one, children begin to examine the **8:30am – 2:30pm** impact the disease has had on them. Children are encouraged to open up and share feelings. Children build skills about the appropriate ways to express feelings and break the “no talk” rule that is prevalent in addicted families. Children use artwork, storytelling and letter writing to express the impact addiction has had. The kids also learn strategies of self-care and skills to stay safe.

**Day Three: Changing the Family Legacy**

**Sunday (Kids & Adults)** In a structured format, the children are able to share their feelings about

**8:30am – 2:30pm** addiction with their families. They will implement the tools learned in the previous groups as they share their feelings and talk about safe people and self-care. Families will spend the day sharing, playing, and creating new family traditions that foster healthy communication and fun! Activities will include, “What I Like and Love About You” cards and self-care activities. The day culminates in a very special ceremony honoring the children for their honest and enthusiastic participation.

**Additional Info:** Lunch and snacks will be provided each day for all participants.

Please inform the staff prior to the program dates of any special dietary needs/restrictions.

Please have children dress comfortably and casually, with close-toed shoes and a jacket or sweatshirt.



**GROUP RULES**

In order to provide a safe, respectful environment for the entire group, our staff will inform the children each day of the group rules and consequences.

Confidentiality rules rule will be emphasized.

**RULES**

One person talks at a time.

Respect each other.

Put-ups only.

You can pass.

What we say here, stays here.

Have fun!

**CONSEQUENCES**

Strike One: A warning.

Strike Two: 5-10 minute time-out.

Strike Three: Set up a Parent Conference.



**PROGRAM RELEASE**

Name of Participant (please print) Age Gender

Name of Parent of Guardians (please print)

Complete Address (please print)

City / State / Zip (please print) Phone

Name of Emergency Contact (other than parent) Relationship Phone

I am aware that participation in the PITCH 4 KIDZ program may involve certain physical activities. Therefore, as a participant, my child must be free of medical or physical conditions which might create undue risk. I understand that physical strength is not necessary, although being in good physical condition will increase enjoyment of the activities. I am aware that these activities may present potential risk or illness or injury to my child and property. I acknowledge that I am aware of these potential risk and wish to allow my child to participate in these activities.

As part of my consideration for my child’s participation at PITCH 4 KIDZ, I assume full responsibility for any loss, injury or inconvenience that my child might suffer. To the extent that I agree to my child participating in such activities, I do so voluntarily and assume any and all risk of injury to their person or property resulting there from. I further agree to indemnify and hold harmless PITCH 4 KIDZ and all its subsidiaries and officers from any and all liability incurred as a result of participation by myself or my child. I also agree that the terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators, and for all of my family.

**Signature (Parent/Legal Guardian) Date**

**Medical Information:** It is necessary for us to know if your child has any medical considerations. If not, please write “no”; if so, please write “yes” and describe in detail and send any medications to PITCH 4 KIDZ. You may elaborate answers on back of page.

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**Chronic Medical Conditions:** (ie: diabetes, asthma, seizures, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergic Reactions to**: (ie: insect bites/stings, medication, foods, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any surgeries, sprained muscles, or broken bones in the past 12 months?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hospital of Choice Doctor’s Name/Number**

**Authorization to treat a minor:** In event I cannot be reached in an emergency, I hereby give permission to the person named as emergency contact to authorize medical and hospital care of my child, and if such person cannot be contacted, I give permission to the hospital selected by PITCH 4 KIDZ to hospitalize, secure proper treatment for, and do order injections, anesthesia, or surgery for my child as named above.

**Signature (Parent/Legal Guardian) Date**

**PITCH 4 KIDZ**

**PARTICIPATION & PAYMENT INFORMATION**

Dear Parents/Guardians,

Your child(ren) is scheduled for our weekend program on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Program workshop requirements for parent/guardian participants are as follows:**

We require that at least one adult participate in a parent/guardian activities at each of the following:

* Parent Orientation on Thursday \_\_\_\_\_\_\_\_\_\_\_\_\_from 6:30pm-8:00pm
* Brief (10 minute) welcome on Friday morning at Weekend Workshop
* All Day on Sunday’s family day at Weekend Workshop.

*\*Please note that ongoing assessments will be made regarding adult participation by staff.*

Please be sure to arrive promptly at 8:30am each day of the weekend program. Please see the enclosed schedule for children’s program details.

**Fees**

The program fee is $450 per child. A discount of $100 will be applied to the tuition of additional children. If you are requesting scholarship funds, please fill out the attached form and return to us via fax, mail, or email promptly.

To reserve your child’s space, there is $50 deposit (per child) due at this time for each child, which is non-refundable but will be applied to your total program costs.

Payment made by check should be mailed to our office. If you wish to use a credit card, please email us for our PayPal link and instructions at [stacey@pitch4kidz.org](mailto:stacey@pitch4kidz.org).

***Because our program is based on the attendance of a minimum number of participants, we reserve the right to cancel at any time due to lack of enrollment. Your deposit is then refundable or applicable to a mutually agreed upon future program date.***

Sincerely,

The PITCH 4 KIDZ Staff

**Fees**

Total Program Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deposit Amount (due upon registration/non-refundable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Credit Amount: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Balance Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Balance Due by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*



**ARIZONA CONFIDENTALITY AGREEMENT**

PITCH 4 KIDZ is an educational support program for families dealing with substance abuse. The format of the program is designed for group interaction. By signing this form you agree to maintain confidentiality of those in attendance and what is discussed during the program. All cellular phones will remain off throughout the program and no photographs will be permitted to be taken.

The program staff maintains confidentially of all participants with the exception of

the information regarding the following: (a) harm to self, (b) harm to others,

(c) child abuse/neglect (d) elder abuse/neglect in accordance with Arizona Revised Statute A.R.S § 13-3620.

I understand the confidentiality expectations and exceptions required for participation in the PITCH 4 KIDZ program.

Print Name (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**CONFIDENTALITY AGREEMENT**

PITCH 4 KIDZ is an educational support program for families dealing with substance abuse. The format of the program is designed for group interaction. By signing this form you agree to maintain confidentiality of those in attendance and what is discussed during the program. All cellular phones will remain off throughout the program and no photographs will be permitted to be taken.

The program staff maintains confidentially of all participants with the exception of

the information regarding the following: (a) harm to self, (b) harm to others,

(c) child abuse/neglect (d) elder abuse/neglect in accordance with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State Statute) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title & Chapter).

I understand the confidentiality expectations and exceptions required for participation in the PITCH 4 KIDZ program.

Print Name (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Parent/Legal Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**PROGRAM PICK-UP PROCEDURES**

**The PITCH Program Ends Promptly at 2:30pm Each Day.**

Parents/Guardians are expected to pick up their child(ren) at 2:30pm. If child(ren) is not picked up, the staff will make attempts to contact the emergency contact listed on participant paperwork. If PITCH 4 KIDZ staff is unable to reach guardians, parents, or emergency contact person(s), staff will call Child Protective Services to intervene for the child’s/children’s welfare.

By signing this document, I agree to the terms outlined here as it applies to my child(ren).

Parent/Guardian Signature Date

**Who may pick up your children from the program?**

Please list the names of **two** people, besides the primary participating parent (s) who can be called to pick up your child in an emergency:

Name and Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (with area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone (with area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**