



REALITY CHANGERS ENTRY APPLICATION

NAME _____ SIGNATURE _____

ADDRESS _____ CITY/STATE/ZIP _____

SCHOOL _____ YEAR OF HS GRADUATION _____

SCHOOL ID NUMBER: _____ DATE _____

PHONE _____ OTHER PHONE _____

HOW DID YOU FIRST HEAR ABOUT REALITY CHANGERS? (If possible, use real names.)

INSTRUCTIONS: Please respond to the REALITY CHANGERS Constitution and Declaration of Purpose by telling what each aspect personally means to you.

HINT: Use the word "I" and not the word "you."

REALITY CHANGERS CONSTITUTION

Article I All members must maintain a 3.0 GPA or above. All members who desire to attend the UCSD Academic Connections program to receive college credit must maintain a 3.5 GPA or above. Only the best of the best will go.

TO ME, THIS MEANS THAT _____

Article II All members must attend the weekly Reality Changers program and turn in all progress reports and final grades.

TO ME, THIS MEANS THAT _____

Article III All members must have no involvement with alcohol, drugs, gangs, or sex. These are all problems that teens bring upon themselves. Who needs more problems? We have way too many other things to be concerned about.

TO ME, THIS MEANS THAT _____

Article IV All members must pass a random alcohol and drug test given at least once every year.

TO ME, THIS MEANS THAT _____

Article V All members must show up with an open mind, work hard, and tell the truth.

TO ME, THIS MEANS THAT _____

Article VI All members must participate with active membership in at least one school activity, such as a club or a sport.

TO ME, THIS MEANS THAT _____

Article VII All members must be role models in their community for 25 hours per year. All members must contribute 25 hours of service to the Reality Changers program each year, as well.

TO ME, THIS MEANS THAT _____

REALITY CHANGERS: DECLARATION OF PURPOSE

We are the REALITY CHANGERS. We are agents of POSITIVE change in the world that surrounds us. We get good grades because we are going to college – and college changes everything.

TO ME, THIS MEANS THAT _____

We are polite, courageous, and above all, honest. If we are not, please tell us so and we will correct our behavior the first time that we are told.

TO ME, THIS MEANS THAT _____

We seek to always inspire others with our words because we desire to be positive influences at all times. We do not pull people down, but instead, we lift each other up.

TO ME, THIS MEANS THAT _____

So remember, tough times never last, but tough people always do. That's why others may choose to accept reality, but we choose to transform it.

TO ME, THIS MEANS THAT _____

We show up, work hard, and tell the truth. We are the REALITY CHANGERS: Agents of Change.

TO ME, THIS MEANS THAT _____



NAME _____
 TODAY'S DATE _____

50 QUESTIONS

For students!

PERSONAL BACKGROUND		<i>PLEASE PUT YOUR ANSWERS IN THIS COLUMN.</i>	
1. When is your birthday?	Month	Day	Year
2. Where were you born?	City		State
	Country		
3. Where else have you lived?			
4. What race/ethnicity do you identify with?			
5. Is English your first language?	Yes	No – My first language was:	
FAMILY BACKGROUND			
6. What are the names of your parents and/or guardians?	Mom-		Guardian(s) [<i>if different</i>]:
	Dad-		
7. Did your parents/guardian attend college? (If yes –please state where)	Yes:		No
8. What are the names and ages of your siblings?	<u>Brothers</u>	<u>Ages</u>	<u>Sisters</u> <u>Ages</u>
9. Who lives with you in your home? (indicate if you have a stepdad, stepmom, stepbrothers, or stepsisters)			
10. If you are not living with one or both of your parents, how come?			
11. What kind of pets do you have?			

CONTACT INFORMATION		(fill in boxes where applicable)
12. Your home phone number		
13. Your cell phone number		
14. Your email address		
15. Your dad's cell phone number		
Your mom's cell phone number		
EDUCATION BACKGROUND		
16. Which school are you currently attending?		
17. Which school did you previously attend before your present school?		
18. Which school are you planning to attend next year?		
19. What is your current grade level? (Example: 9 th grade)		
20. What was your GPA on your last report card?		
21. What will your GPA be at the end of this school year?		
22. Do you have a computer at home?		
23. Do you have internet at home?		
FAITH BACKGROUND <i>(if any)</i>		
24. What place of worship do you attend most often (if any)?		
25. How often have you attended this place of worship during the last year?		
26. How strong would you describe your faith (if any)?		
OTHER QUESTIONS		
27. Who are your role models?		
28. What are the things that are holding you back from reaching your fullest potential?		
29. How can you overcome these things?		

30. Members of Reality Changers promise not to use alcohol or drugs. Have you used either before? If yes, this answer will remain confidential. If no, write "never have, never will" in box #29 to the right. →	<u>Type of alcohol</u> <u>Frequency</u> <u>1st time/Last time</u> <u>Type of drug</u> <u>Frequency</u> <u>1st time/Last time</u>
31. If you could travel anywhere in the world, where would you go?	
32. Do you work? If yes, where?	
33. Which sports or instruments do you play?	
34. Which sports or instruments would you like to learn how to play?	
35. What are your unique talents?	
36. Have you won any special awards?	
37. Are you currently dating someone? If yes, for how long?	
38. Where would you like to volunteer with the Reality Changers group?	
39. Are you trained in CPR? If no, would you be interested in becoming trained in CPR?	
FAVORITES	
40. Favorite type of music?	
41. Favorite type of food/snacks?	
42. Favorite TV show?	
43. Favorite cartoon?	
44. Favorite movie?	
45. Favorite subject in school?	
46. Favorite teacher? From which school?	

WHERE DO YOU SEE YOURSELF IN FOUR YEARS...

47. ...With school?

48. ...With your family?

49. ...With your community?

50. ...With other goals?

Is there anything else we should know about you?



Medical Consent Form

Participation Agreement & Release

Section I. Important Information for Medical Emergencies

Insurance Carrier _____ Policy # _____

Name of Emergency Contact: _____ Phone # _____

STUDENT Social Security # _____ PARENT/GUARDIAN EMAIL: _____

Are there any medical conditions or physical limitations that we should know about your child? Yes/ No

If yes, please explain: _____

List all medical conditions: physical, emotional, behavioral disorders, and learning disabilities:

Please List ALL Allergies: Drug _____ Insect/Plant _____

Food _____ Diet Restrictions _____

List Medications _____

By signing this form I give my informed consent to the First Aid personnel who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures which includes the use of over-the-counter medications. I authorize Reality Changers to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by Reality Changers to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization and assume responsibility for all payment.

Section II. Participation Agreement and Release

This Participation Agreement and Release (the "Release") between Reality Changers, a California non-profit corporation, ("Reality Changers") and the undersigned participant ("Participant"), where such Participant is aged 18 years or older, or the undersigned legal guardian of the Participant, on behalf of Participant where such Participant is aged less than 18 years, as the case may be, is made and entered into as of (**Today's date**) _____, 20____. In consideration of the opportunity afforded Participant to participate in a Reality Changers activity and/or program, and for good and valuable consideration, the receipt and sufficiency of which the undersigned hereby acknowledges, the undersigned grants to Reality Changers and its respective agents, licensees, successors and assigns the rights set forth herein.

Student's FERPA Release: Student consents and authorizes disclosures of all personally identifiable information contained in the student's education record to Reality Changers for legitimate educational interests, to perform a task such as a consultant, attorney or auditor.

License: The undersigned grants to Reality Changers and its respective agents, licensees, successors and assigns the irrevocable and perpetual right to use (i) Participant's name, photograph, likeness, voice, biographical and personal background information, statements, and participation in the Reality Changers activities or related programs; (ii) any college essays, speeches or other works created by Participant incident to the Reality Changers activities or related programs; (iii) any notes, photograph, film, or video or audio tape that may be taken of the undersigned or of any of the above materials, including the audio, video and any other multimedia form of the undersigned's participation in the Reality Changers activities and related programs; and (iv) any ancillary or derivative materials based on any of the foregoing (collectively (i)-(iv) are the "Participation Materials"), in connection with the marketing, advertising, publicizing, and exhibiting of Reality Changers and its programs and activities, including, but not limited to, College Town, Scholarship City, College Apps Academy, Senior Academy, Alumni Network, Reality Changers comprehensive tutoring program or for any other Reality Changers program or business, in whole or in part, in any manner whatsoever, by any and all means, media, devices, processes and technology now or hereafter known or devised, including, but not limited to, yearbooks, publications, and website materials as may be published by Reality Changers. Participant understands and agrees that all

Participation Materials, including without limitation, all negatives, positives, prints, film, tapes, DVDs, CDs, streaming files, and any other media now known or hereafter devised in which the Participation Materials are stored, replayed, replicated or utilized are and shall remain the sole property of Reality Changers. Reality Changers shall have the right to reproduce, distribute and prepare derivatives of the above that may include any part or all of the above.

School Visit: Incidental to the above license, the undersigned hereby perpetually and irrevocably authorizes Reality Changers and its respective employees or agents to visit the undersigned's school site, observe classes, and obtain the undersigned's school grades, school transcripts and school records.

Drug Use/ Testing: The undersigned acknowledges Reality Changers does not condone or permit any use of illegal and controlled substances, except for medications as may be prescribed to the Participant by a licensed physician. The undersigned hereby authorizes the use by Participant while attending Reality Changers activities or related programs, of medications as may be prescribed to the Participant by a licensed physician or over the counter medications as directed by the respective manufacturers labels. The undersigned hereby authorizes Reality Changers to administer drug tests on the Participant as mandated by Reality Changers' internal policies.

No Warranties: THE UNDERSIGNED UNDERSTANDS AND AGREES THAT REALITY CHANGERS MAKES NO WARRANTIES AND SPECIFICALLY DISCLAIMS ALL WARRANTIES, EXPRESS, IMPLIED OR STATUTORY, REGARDING ALL ACTIVITIES AND PROGRAMS CONDUCTED BY REALITY CHANGERS AND REGARDING ANY FACILITIES, AREAS OR OTHER LOCATIONS WHERE SUCH ACTIVITIES AND PROGRAMS ARE CONDUCTED. SPECIFICALLY, REALITY CHANGERS SPECIFICALLY DISCLAIMS ALL WARRANTIES, EXPRESS, IMPLIED OR STATUTORY, REGARDING ANY AND ALL TIMES AND CIRCUMSTANCES WHEN PARTICIPANTS VIOLATE COMPANY POLICIES ESPECIALLY ANY AND ALL POLICIES REGARDING SAFETY.

Release of Claims: The undersigned hereby forever releases Reality Changers and its officers, directors, volunteers, agents and sponsors from any and all causes of action, suits, claims, demands, or any other damages associated with (i) the use by Reality Changers of the Participation Materials as permitted herein; (ii) Participant's participation in the Reality Changers activities, including, but not limited to, any property damage and bodily harm, injury or death suffered by Participant therein or related thereto; (iii) any transportation, programs, activities or other services provided by third parties incident to Participant's participation in the Reality Changers activities; (iv) Reality Changers' use of Participant's likeness and biographical information as permitted herein and any associated identifying characteristics, including without limitation claims arising from rights of publicity, rights of privacy, trademark, copyright, obscenity or defamation; (v) or by virtue of any blurring, distortion, alteration, or use in composite form of the Participation Materials, whether intentional or otherwise, that may occur or be produced in such use or in any subsequent processing thereof. The undersigned hereby irrevocably waives all rights and benefits now or in the future under and by virtue of the terms of Section 1542 of the California Civil Code which reads as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

Limitations of Liability: In no event will Reality Changers and its officers, directors, volunteers, agents, and sponsors be liable to Participant for any indirect, special, punitive, incidental or consequential damages (including, without limitation, those resulting from lost profits), regardless of whether Reality Changers has advance notice of the possibility of such damages, arising out of Reality Changers' use of the Participation Materials or Participant's likeness and biographical information. In no event will Reality Changers' cumulative liability for any damages arising out of or in connection with the Participant's participation in any Reality Changers activity, program or any other matter related to this Release (whether arising out of contract, tort, or other legal theory) exceed \$250.

Choice of Law: This Agreement shall be governed by and construed in accordance with the laws of the State of California, USA, without regard to the conflict of laws provisions thereof.

Participant Name: _____	Age: _____	Gender: _____
Signature: _____		
Guardian to sign if Participant is less than age 18. Minor agrees to be bound by signature after turning age 18.		
Guardian Name: _____	Date: _____	
Guardian Signature: _____		