

Helping Youth Plan for Excellence

2940 Holmes

Kansas City, Missouri 64109

816 531-4683

www.ccon-kc.org

About HYPE

Who: HYPE is a free media & performing arts group sponsored by the Calvary Community Outreach Network (CCON).

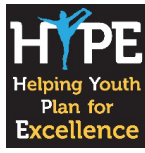
What: HYPE provides youth ages 13-21 with the opportunity to enhance their talents and leadership skills. Youth will use their skills to create a Teen Podcast and perform dramatic stage-plays reflecting current day experiences. HYPE participants will learn about current day issues and influence their peers in positive ways. Coaching will be given in the following areas: Production; Video Editing; Sound Studio Technician; Drama/Acting; Dance; Choir; Rap. HYPE Cast members also participate in selected community service projects and trainings. Snacks and tutoring will be offered. The Studio classes will include state of the art music and video productions.

When & Where: HYPE is held after school from 3:00-6:00 every Monday, Tuesday and Thursday at the Calvary Temple Baptist Church, 2940 Holmes Street, Kansas City, MO 64109.

How: We expect cast members to carry and conduct themselves in a positive manner always. Your commitment to HYPE is extremely important.

For further information, call Leah Banks 816-531-4683 Ext. 15

CCON envisions communities in which disparities are eliminated and the inherent dignity of all residents is recognized. CCON improves the length and quality of life of urban core Kansas City residents through ongoing innovative education, empowerment, and partnerships.



HYPE Application

Date: _____

Youth Information:

Name: _____

(First)

(Last)

Age: _____

Date of Birth: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Cellular Phone: _____

School attending (if applicable): _____ Grade: _____

Talent: _____

Parent/Guardian Information (Primary Contact):

Name: _____

(First)

(Last)

Relationship to Youth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Information/ Known Allergies /Medication:

Contact Name: _____

Relationship to Family: _____

Phone: _____ Cellular: _____

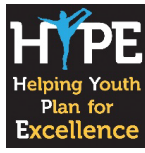
Allergies: _____

Medications: _____

Parent/Guardian: _____

(Print)

(Sign)



Calvary Community Outreach Network

Authorization and Permission

In consideration of the educational benefits and the promotional activities of the Calvary Community Outreach Network, I authorize and permit the Calvary Community Outreach Network, to Use Photographs, Video and Sound Recordings In consideration of the educational benefits and the promotional activities of the Calvary Community Outreach Network, I authorize and permit the Calvary Community Outreach Network and all persons acting on its behalf to publish, use and disseminate photographs, videotapes, sound recordings and other such information, which contain me or my images, or my property, or minors under my custody and control, or their images or property. It is further stipulated and agreed that I make no other or further claim for any compensation or payment for any matter within the scope of this authorization. It is further stipulated and agreed that Calvary Community Outreach Network and persons acting on its behalf may use such photographs, video and recordings in connection with their charitable mission. I stipulate that no inducements or promises have been made to me to secure my consent and agreement.

Participant Over 18: _____ Date: _____

Print name

_____ Phone: _____

Sign name

This section to be completed for minors under the age of 18

Minor Participant: _____ Date: _____

Print name

Parent/Guardian: _____

Print name

Sign name

Phone: _____ Email: _____