 Presents:

Real Life

*Crossroads Foundation, Inc*. is a charitable organization providing life skills training to at-risk teens through animal assisted growth and experiential learning exercises with rescued animals. Real Life-ATD (Alternative to Detention) is a six (6) part series of weekends designed to provide today’s youth with the necessary life skills needed in order to survive in today’s world. The primary focus of this program is to provide an alternative sixty and ninety day detention programs. This program will offer a consequence to negative behavior with a community service aspect, experiential learning exercises and class work covering life skills topics.

The state of Georgia continues to have a high dropout ratio of High School students leaving our statistics of graduates at a low 70%. Crossroads Foundation, Inc. designed the Real Life program to afford teens the tools needed for a successful and independent future, especially those who are not apt to complete High School. The topics covered in this program offer an in-depth look at the following topics:

* Goals: Setting, short-term/long-term, etc.
* Decision Making: Immediate, Short-Term, Long-Term and Life
* Employment: applications, interviewing, laws, etc
* Budgeting: checking, savings, credit, etc.
* Addictions and Disease/ Health and Personal Hygiene; Videos, speakers & AIDS information
* Automotive Maintenance

Each program runs independent of the others so that entry to the program is not delayed. Our maximum capacity at this time is 10.



# LIABILITY RELEASE

Crossroads Foundation, Inc. Ball Ground, GA. 30107

Real Life Alternative to Detention Program

## WARNING

Under Georgia law, an equine activity sponsor or professional is not liable for injury to, or death of, a participant in equine activities resulting from inherent risk of equine activities pursuant to Chapter 12 of Title to the Official Code of Georgia Annotated.

I have read and understand the Georgia Equine Liability Law. I shall hold Crossroads Foundation, Inc. (A.K.A. the facility), owners, employees and tenants harmless from any and all costs, claims and liabilities of any kind arriving out of my use of the facility, any equine activities, any horse, pony or animal on the property, living at, visiting or boarding at the facility. As a consideration for my visiting the facility I assume any risk of damage to property, animal or injury to myself, or anyone visiting the facility with me. I understand horses and other animals can bite, strike, etc, which can cause injury or death.

Print Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian under 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reason Why You Are At This Facility: Real Life Program

*Crossroads Foundation, Inc.*

*MEDICAL INFORMATION AND RELEASE FORM*

 If medical care is required for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of participant) in conjunction with any Crossroads Foundation, Inc. activity or related transportation, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician and/or the medical facility providing treatment.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hm Ph:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Wk Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Parent/Guardian is unavailable:

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child takes the following medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*SPECIAL INSTRUCTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT:

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

Original Signature of Parent/Guardian Date

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

Witness Signature

*OTHER INSTRUCTIONS*

1. We recommend you check with you local emergency room for their information. Emergency rooms that require legal authority for treatment in the absence of the parent/guardian will be of assistance in helping you obtain necessary information.
2. Organizers must retain this form (with original signatures) on file. Various officials may hold copies, for examples: medical personnel on site, instructors and/or chaperones.

Directions to Crossroads Foundation, Inc.:

From hwy 20 (west of 400) and Cumming go west. You will pass a Kroger shopping center on your left with a McDonalds on the corner, proceed 2.7 miles and you will see Franklin Goldmine Rd. on your right. Turn right there. Go thru stop sign and continue approx. 3.5 miles and on your left is Edwards Mill Rd. Turn left there and go approximately ¼ mile. Look for the horse farm on your left at 1410.

From Ga. 400 go to exit 13 (hwy 141). Turn off exit heading west (go left if going north and right if going south. Continue until you reach Hwy 20, which is marked Canton Hwy. You will see a McDonalds on the right. Turn left there and follow above directions beginning at proceed…

From I 575: get off Canton exit and head east toward Cumming. Turn left onto hwy 369. Go to 4 way stop sign and continue approximately 1 ½ miles and you will turn right L. Creighton Rd. (If you see Vulcan materials on your right then you have just passed it.) Go approx. ¼ mile to Edwards Mill Rd. on your right. Turn there and go approximately ¼ mile and look for 1410 on your left.

From Dawsonville: take 400 South to Hwy 369. Turn right and go 11.5 miles. Turn left just after Vulcan materials onto L. Creighton Rd. Edwards Mill Rd. is about ¼ mile on your right. Turn there and go approximately ¼ mile and look for 1410 on your left.

From Gainesville: take Hwy 369 to Ga. 400. Continue straight and go 11.5 miles. Turn left just after Vulcan materials onto L. Creighton Rd. Edwards Mill Rd. is about ¼ mile on your right. Turn there and go approximately ¼ mile and look for 1410 on your left.

See you there!

770.843.8001

Receipt of Information Acknowledgement

* Parents or legal guardians must transport their child(ren) to the 1410 Edwards Mill Road, Ball Ground, Ga. 30107. Under no circumstances shall the child(ren) be dropped off without being signed in on the list maintained by Rebecca Sowers or her designee. It is permissible for a stepparent residing in the home to sign a child in and out.
* Under no circumstances will it be allowed for child(ren) to be signed in or signed out by anyone other than a parent, legal guardian or stepparent residing in the home. If it is not possible for a parent, guardian or stepparent to sign the child in and out, then permission must be obtained in person from the program facilitator Rebecca Sowers or her designee. Only responsible persons over twenty-one years of age or older showing proper identification who have been approved by Ms. Sowers or her designee shall be allowed to sign children in and out of the program.
* It is the responsibility of the parent or guardian to have the child(ren) there on time.
* It is the requirement of the program that all participants wear appropriate clothing for the weekend. The child(ren) will not be allowed to attend the program if their clothing is not suitable. Appropriate attire is explained in detail in the paperwork provided by the court.
* Failure to appear will result in the reappearance before the court and possible detention of the child as well as a fine of up to $1000.00 and possible jail time for the parents/guardians.

I have read and understand and will comply with the above as well as all the attached rules and regulations of the Real Life program.

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

Signature of Parent/Guardian

Crossroads Foundation, Inc.

#### Real Life Program

770.843.8001

# Rules/Regulations

### No smoking of any kind allowed on the property

Smoking is illegal for any person under the age of 18 years and also causes fires.

This includes cigarettes, cloves, marijuana, and any other substance that can be inhaled. Any person caught smoking will be kicked out of the program.

### NO DRINKING OF ANY ALCOHOLIC BEVERAGES

You will be expected to bring your own beverages to drink. All empty beverage containers will need to be put into a trashcan provided at the farm. There are no facilities on the property to purchase beverages. Drinking of alcohol or mood altering chemicals is prohibited.

### No fighting

Any disagreement between service workers amongst each other or with the staff shall be left at that, a disagreement. Fighting is prohibited and should any violence occur, the staff will call the police immediately and charges will be pressed.

### No disrespect

Out of respect for the staff and others there, you will be expected to listen to the staff and reply with respect. No foul language will be tolerated on the farm. Remember you will be judged not only on your attendance, but your attitude and level of respect. If your level of respect is not consistent with expectations, we will inform the court you have failed the program and ask that you repeat it an additional weekend.

### No "horse play"

Our first concern is safety for you. Any horseplay can result in an injury to yourself or others. For the safety of everyone involved, horseplay is prohibited.

### Dress/Attire:

The following dress requirements are given to ensure your safety at the farm. If you have not followed these requirements, you will be sent home and reported to the Juvenile Court and Department of Juvenile Justice.

### Shoes/Boots

All males and females MUST WEAR closed toe and closed heel shoes. Preferably work boots or athletic shoes. *No sandals of any kind allowed*.

### Pants

Pants must be worn in order to protect your legs. Do not wear over sized clothing, as this is not safe. All pants must be fitted to your body. *NO SHORTS will be permitted.*

### Shirts

T-shirts will be fine. T-shirts must be fitted, not baggy, however not too tight and no cut offs. No T-shirts will be permitted with foul language or pictures, written language or pictures of drugs or any paraphernalia, or any suggestion of violence. All clothing is subject to approval by the staff member in charge.

### Jewelry

Jewelry is not permitted. This includes rings, earrings, chains/necklaces, any facial jewelry, etc.

### Cell Phones

Possession or use of a cell phone on the premises is forbidden. If a juvenile is found in the possession of a cell phone, the phone will be confiscated and the juvenile will receive a failing report card for the day.

### Medical Information

If you have any information pertaining to your medical history or current medical conditions such as diabetes, prescription medication, heart conditions, etc., that we need to be made aware of, it is your responsibility to inform us. Although this information should already have been provided to us, there is often a waiting period to attend the program. Please inform staff IMMEDIATELY of any medical issues EACH time the child attends to program.

### Drop off and Pick up

It is the responsibility of the parent to pick up their children and drop them off. No child will be allowed to leave the premises without their parents unless there is prior written permission from the juvenile court system or a medical emergency. Parents are to remain with their children until they have been signed in. Parents need to sign in their children and inform the driver/supervisor of the phone number where they can be reached in case of an emergency. Parents need to be on time for the scheduled pick-up and drop off times as the bus runs at specific times and will not wait for attendees to arrive or parental pick-up.

### Lunchesandbreaks

Breaks will be given periodically and on an as needed basis. Attendees will be given bathroom and water breaks when needed as well. Snack, drinks and lunches will NOT be provided throughout the day. All Attendees MUST bring a lunch and drink.

Grading Description/Process

*This is what you will be graded on. You must earn your way through your detention/community service or face getting additional time added to your term.*

* Punctuality Early On Time Tardy Make up hours
* Cooperation Excellent Good Fair Poor
* Completion of tasks Excellent Good Fair Poor
* Work safely Excellent Good Fair Poor
* Willingness Excellent Good Fair Poor
* Attitude Excellent Good Fair Poor
* Attire Excellent Good Fair Poor
* Respect Excellent Good Fair Poor
* Completion of work Excellent Good Fair Poor
* Interaction with group Excellent Good Fair Poor
* Leadership Excellent Good Fair Poor
* Teamwork Excellent Good Fair Poor
* Participation Excellent Good Fair Poor
* Creativity Excellent Good Fair Poor

Comments:

This section will reflect the weekend of work.

* Any comment made good or bad by you will be noted.
* Specific incidences that occur during the course of the program we deem necessary for the courts have on file will be documented in this section.
* This program is designed to be an immediate cause and effect response for unwanted behaviors.
* It is our goal to assist in guiding you down the right path to assist the court system as well as your parents.

Receipt of Information Acknowledgement

(Parent Copy)

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* Failure to appear will result in the reappearance before the court and possible detention of the child as well as a fine of up to $1000.00 and possible jail time for the parents/guardians.

I have read and understand and will comply with the above as well as all the attached rules and regulations of the Real Life program.



Acknowledgement of Drug Testing and Related Policy

By signing below, the undersigned Juvenile and the Parent or Guardian of said Juvenile understand and acknowledge that said Juvenile will be subject to random searches of his or her person, including bodily fluids, or possessions in order to detect the presence of any illegal controlled substance or other contraband prohibited by the rules and regulations of the program. Further, by signing below said Juvenile and the parent or Guardian of said Juvenile consent to any such searches and waive any constitutional or statutory rights prohibiting warrantless searches and seizures.

The forgoing will include the undersigned Juvenile being subject to random urine screens to test for the presence of illegal controlled substances in said Juvenile’s system. This is a condition of participation in any program conducted by Crossroads Foundation, Inc.

A positive result on a drug screen or possession of an illegal substance or suspected illegal substance may result in seizure of the substance, the Juvenile’s immediate removal from the program, a report indicating an unsuccessful completion of the program and further arrest and/or prosecution as deemed appropriate by the proper authorities.

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

Print Name of Parent

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

Signature of Parent/Guardian Date

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

Print Name of Child

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

Signature of Child Date