

Life Skills for Youth

Ages 14-18, Registration Required

Registration forms are due by November 14th, 2017

Fill in the gaps on your child's knowledge base in a fun, interactive presentation of:

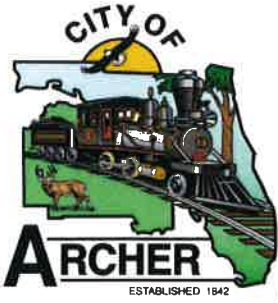
- **Acing the interview**
- **Appropriate and safe use of social media**
- **Table manners and proper etiquette**

Where: Archer Community Center
16671 SW 137th Ave, Archer

When: Saturday, November 18th, 2017

Time: 11:00am – 2:00pm





CITY OF ARCHER

October 10th, 2017

Dear Parent:

The City of Archer and the ACCAB (Archer Community Center Advisory Board) is excited to offer the third “Roll Like a Royal” event. The program is designed to be interactive and a fun learning experience. The goal is to support self-esteem, confidence, and good manners in our youth. We are dedicated to empowering the youth in our community with the life skills needed to cope with our ever-changing world. The program will explore the art of the interview, understanding and coping with bullying in school and online, and our very successful etiquette and table manners segment.

The target age for “Life Skills for Youth” is 14 – 18. The event will be held on November 18th, 2017, starting at 11:00am to 2:00pm at the Archer Community Center. The event is free; however, space is limited. Your prompt response is requested. Confirmation of attendance must be received no later than November 14th, 2017.

Parents, please note the form, consent for attendance, known food allergies, and permission to take a photo of your child be returned to City Hall by November 14th, 2017. A photo of your child will be e-mailed to you.

If you have general questions, please contact:

Sheila Brice, ACCAB Board Member
E-Mail: bricesheila48@gmail.com
Mail: 13520 SW 160th Way, Apt. 10
Archer, Florida 32618

Please send consent and information forms to:

Deanna Alltop, Administrative Services Coordinator
dalltop@cityofarcher.com
City of Archer
P.O. Box 39
16870 SW 134th Avenue
Archer, FL 32618

Respectfully,

Sheila Brice

Mayor: Corey Harris
Vice-Mayor: Susan Drawdy

Commissioners

Fletcher Hope
Joan White
Iris Bailey

City Manager

Zeriah K. Folston, MPA

16870 SW 134TH AVE., P.O. BOX 39 - ARCHER, FLORIDA 32618-0039
Tel: (352)495-2880 Fax (352)495-2445

Consent and Information Form

City of Archer, Florida

This is to certify that I, as parent/guardian with legal responsibility for this participation, do consent and agree to his/her release provided above, and for myself, my heirs, assigns and my minor child(ren)'s involvement or participation in the program as provided above.

I agree to follow all the rules of conduct and play set by the City of Archer. I acknowledge failure to do so may result in suspension from participation.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. I indemnify and hold harmless City of Archer, and any of its employees and/or agents from any and all claims from my use of any City property or participation in any City programs. I will further indemnify and hold harmless the City, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of City property and/or participation in City programs to the extent of the City's liability under general law. Further, I agree that if any of the parties seek to enforce this release due to any claims made by me or by any third party, I will indemnify them for all costs associated with enforcement of this release, including, but not limited to attorney's fees.

Parent Signature _____

Parent Name _____

Child Name _____

Parent Email Address _____

Parent Phone Number _____

Please submit forms by Tuesday, November 14th , 2017.

Photo/Video Release Waiver

City of Archer, Florida

I hereby grant permission for myself and my child to be photographed or recorded in connection with any City of Archer program. I understand any photographs or other types of media production may be used for purposes, including, but not limited to, public service announcements, department brochures, and other programs shown to the general public.

Child's Name _____

Parent or Guardian _____

Signature _____ Date _____