



# COMMUNITY HEALTH ENRICHMENT EMPOWERMENT RESOURCE SERVICES PROGRAM

Children ages 8-17

## EXECUTIVE SUMMARY

The challenges faced by today's youth are many and can become overwhelming. Violent acts committed by some of our youth have shown to have a negative impact not only on our youth, but also, the communities in which they live.

Statistical data and current events has shown that the largest group of individuals most affected by violent crimes (shootings and homicides) in Philadelphia were individuals between 18-24 years of age. In an effort to change that tide, it is necessary to focus our attention on causal effects on the years preceding adulthood. Thus, the focus should be placed on juveniles that are felt to be at risk of such future behaviors.

The Community Health Enrichment Empowerment Resource Services Program (C.H.E.E.R.S) was created to provide our youth, 8-17 years of age with the necessary tools to make well informed decisions when confronted with situations that may negatively impact their lives. The program will operate for five consecutive Saturdays from 9:00AM – 1:00PM. Please see the current schedule on this page. The program will conclude with a activities day/luncheon on the final Saturday.

We look to serve approximately 100-150 at risk youth from ages 8-17 in the program. This program will be geographically located in four areas of our city plagued by high incidents of violence. The C.H.E.E.R.S. program is a collaboration between the Philadelphia Police Department, School District of Philadelphia, Behavioral Health Organizations, Faith Based Organizations, Community Groups, Private Interest Groups, and other City Agencies.

Through this combined effort of utilizing resources available within our city, the C.H.E.E.R.S. program will have a positive impact on our city's youth.

**2020 Program Dates:**

**Saturdays**

**March 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>th</sup>, 28<sup>th</sup>, April 4<sup>th</sup> | April 11<sup>th</sup> - Game Day**

**Times are 9:00am to 1:00pm Each Saturday**

***Free Breakfast and Lunch  
will be served each week***

## LOCATIONS:

### **Campbell A.M.E. Church**

1657 Kinsey Street, Phila., PA 19124 (15<sup>th</sup> PD)

### **Christian Stronghold**

4701 Lancaster Avenue, Phila., PA 19131 (16<sup>th</sup> PD)

### **Dixon House**

1920 S. 20<sup>th</sup> Street, Phila., PA 19145 (1<sup>st</sup> PD)

### **Dr. Ethel Allen Promise Academy**

3200 Lehigh Avenue, Phila., PA 19132 (22<sup>nd</sup> PD)

### **Holy Trinity of Bethlehem Presbyterian Church**

1100 Rockland Street, Phila., PA 19141 (35<sup>th</sup>/ 14<sup>th</sup>PD)

### **Lauretha Vaird Boys & Girls Club**

4800 Whitaker Avenue, Phila., PA 19124 (25<sup>th</sup> PD)

### **Lucien E. Blackwell Community Center**

North 47<sup>th</sup> Street at Aspen, Phila., PA 19131 (16<sup>th</sup> PD)

## Contact:

Philadelphia Police Department

Community Relations Unit

215-686-3380/3381 - Fax: 215-686-3399

Email: phillycheers@gmail.com

## MISSION STATEMENT

It is our mission through collaboration and cooperation with the community to effectively instill and impress upon our youth values conducive with self improvement and betterment of our community.

This mission will be accomplished by:

- ◆ Creating self worth through positive motivation and objective outlooks for their future
- ◆ Providing our youth with the necessary resources to become contributing members of society
- ◆ Empowering our youth to make positive decisions therefore impacting positive change upon the community and their lives
- ◆ Enriching their lives through exposure to positive community involvement with an emphasis on education

# Community Health Enrichment Empowerment Resource Services (C.H.E.E.R.S)

## **Program Rules**

All C.H.E.E.R.S. Program children must obey and adhere to the following **RULES** to have the privilege to attend the C.H.E.E.R.S. Program. Violations of the following **RULES** can lead to dismissal from the C.H.E.E.R.S. Program. The Rules are as follow:

### **A. GENERAL RULES**

All children must obey and respect any officer assigned to the Recreation Center regardless of rank or assignment

All children must obey the RULES of the individual SITES hosting the C.H.E.E.R.S. Program. These RULES include:

**No** running, **No** skates, **No** skateboards, **No** bike riding, **No** fighting, **No** profanity, **No** littering, **No** stealing and **No** wandering in an unauthorized area of building.

**RESPECT** all persons, including guest speakers

**REPEATED** unexcused absences can lead to dismissal from C.H.E.E.R.S. Program

**REPORT** injuries immediately to a C.H.E.E.R.S. Officer/Representative.

**NO** arguing with anyone.

### **B. RULES DURING PRESENTATIONS**

**Raise** hands when you want to speak

**Respect** all persons

**No** put downs

### **C. DRESS CODE/CLOTHING RULES**

1. Only sneakers or rubber soled shoes, slippers or flip flops are not permitted.
2. No short shorts or inappropriate clothing at any time.

**COMMUNITY HEALTH ENRICHMENT EMPOWERMENT RESOURCE SERVICES ( C.H.E.E.R.S. )**

**PROGRAM APPLICATION (Please Return)**

(All Shirts adult sizes) Tee Shirt Size \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name Date of Birth Male/Female

\_\_\_\_\_  
Address City State Zip Code

Parents or Legal Guardian Name Number to be Reached

Emergency Contact Name Emergency Contact Phone Number

School Attending Grade C.H.E.E.R.S. Site Preferred

**CHILD RESTRICTIONS/LIMITATIONS**

( ) During the child's/children's participation in the C.H.E.E.R.S. Program he/she is not allowed to participate in the following activities:

- 1.
- 2.

( ) There are no restrictions on the child/children participation in this program

\_\_\_\_\_  
Child/Children's Doctor Address Phone Number

Please list any physical/medical conditions or allergies that may affect the child/children's participation in the C.H.E.E.R.S. Program.

1. \_\_\_\_\_ please explain; \_\_\_\_\_
2. \_\_\_\_\_ please explain; \_\_\_\_\_

Use additional space, if needed:

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

**COMMUNITY HEALTH ENRICHMENT RESOURCES SERVICES (C.H.E.E.R.S.)  
RESPONSIBILITIES, LIABILITIES AND WAIVERS**

**A. PARENTAL CONSENT**

I give consent for my child named above to participate in the C.H.E.E.R.S. Program Activities, and I execute the above liability waiver on their behalf.

**B. ATTENDEE'S RESPONSIBILITY**

As the parent or lawful guardian of a child participating the in the C.H.E.E.R.S. Program, I understand that my child must agree to follow all the RULES and regulations concerning conduct and dress code. I also understand that should my child violate any of these RULES, that my child be subjected to expulsion from the C.H.E.E.R.S. Program.

**C. RESPONSIBILITY FOR TRANSPORTATION TO AND FROM THE CHEERS PROGRAM**

As the parent or legal guardian of a child participating in the C.H.E.E.R.S. Program, I understand and agree that it my sole responsibility as the parent or legal guardian for the transportation and safety of my child to and from the C.H.E.E.R.S. Program. I understand and agree that the City of Philadelphia, the Philadelphia Police Department, and the C.H.E.E.R.S. Program assumes no responsibility for my child during such transportation whether by private auto, public transportation or walking.

**D. WAIVER, RELEASE AND ASSUMPTION OF RISK**

In consideration of the acceptance of my child into the C.H.E.E.R.S. Program, I hereby waive, release, and discharge, on behalf of myself and my child, any and all claims for damages for person injury, property damages or which , may hereafter occur to me or my child as a result of participation in said Program. This release is intended to discharge in advance the City of Philadelphia, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence of the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risk on behalf of myself and my child. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on both my and my child's heirs and assigns

**E. CONSENT FOR TREATMENT**

I hereby give my consent to have my child named above treated by emergency medical personnel, a physician, or surgeons, in case of sudden illness or injury while participating in the C.H.E.E.R.S. Program. It is understood that the City of Philadelphia, the Philadelphia Police Department or the C.H.E.E.R.S. Program will provide no medical insurance for such treatment and that the cost thereof will be at my own expense.

**F. PHOTO RELEASE FOR MINOR CHILDREN**

As the parent or legal guardian of the above named child, I hereby authorize the Philadelphia Police Department and the C.H.E.E.R.S. Program to publish the photographs taken of me and/or the above named minor child, and our names, for use in the C.H.E.E.R.S. Program website and/or other publications and for display in the facility. I release the Philadelphia Police Department and the C.H.E.E.R.S. Program from any expectation of confidentiality for the above named child and myself and attest that I am the parent or legal guardian of the above named child and that I have the authority to authorize the Philadelphia Police Department and the C.H.E.E.R.S. Program to use their photographs and names. I acknowledge that since participation in publications and websites produced by the Philadelphia Police Department and the C.H.E.E.R.S. Program is voluntary, neither the minor child nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Philadelphia Police Department and the C.H.E.E.R.S. Program confers no rights of ownership whatsoever. I release the Philadelphia Police Department and the C.H.E.E.R.S. Program its contractors, employees and volunteers from liability for any claims by me or any third party in connection with my participation or the participation of the above named child in the C.H.E.E.R.S. Program.

**I have read and understand the responsibilities, liabilities, waivers and consent identified in Sections A through F on pages 4 and 5 of this document, and agree to all the terms and conditions.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Age

**\*If you would like to receive an email confirming that we have received your form and your child/ children have been enrolled in the CHEERS program, please enter your email below:**

Email: \_\_\_\_\_