



# North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778  
Telephone: 631-744-0207 Fax: 631-744-3565 www.nsync.com

## Little Buddy Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Any Allergies we should be aware of? \_\_\_\_\_

Why are you interested in your child becoming a Little Buddy?

---

---

---

---

Please list your Child's outside hobbies or interests:

---

---

---

---

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_



# North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778  
Telephone: 631-744-0207 Fax: 631-744-3565 www.nsync.com

## Big Buddy-Little Buddy Participation Form - Fall 2024

*Big Buddy-Little Buddy is a peer mentoring program. Buddies spend meaningful time together in a structured, fun, and safe environment! Big Buddies train under the guidelines of the Long Island Mentoring Partnership and engage their Little Buddies in a variety of group activities intended to demonstrate and reinforce important life skills.*

I, \_\_\_\_\_, give my child, \_\_\_\_\_  
(Parent's name) (Child's name)

Permission to participate in North Shore Youth Councils Big Buddy-Little Buddy peer mentoring program. The program will meet once per week on Wednesdays from 6:00pm - 7:00pm at the NSYC portable trailer located at the Joseph A. Edgar School. I understand that the North Shore Youth Council does not provide transportation to or from the program.

**Meeting Dates:** 10/2 (Big Buddies ONLY), 10/9, 10/16, 10/23, 10/30, 11/6, 11/13, 11/20, 12/4, 12/11, 12/18, 1/8, 1/15, 1/22, 1/31 (Optional: Celebration Outing)

As a participant in this program, my child is required to commit to weekly group meetings. I understand that this is a commitment for my child, and agree to make every effort for the child to attend. If my child has any prior commitments, including clubs, sports, or other extracurricular activities, I understand that my child may not be eligible to participate in the Big Buddy Little Buddy Program.

**I understand that by signing this document, my child is not guaranteed to be selected for participation in this program. Program selection is based upon enrollment and / or need of the program.**

Initial here: \_\_\_\_\_

Name of child participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Parent/ Guardian: \_\_\_\_\_

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



# North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778  
Telephone: 631-744-0207 Fax: 631-744-3565 www.nsync.com

## Big Buddy-Little Buddy Pick-Up Authorization Form

Name of child participant: \_\_\_\_\_

Print name of Parent/ Guardian: \_\_\_\_\_

\_\_\_\_\_ My Child is under the age of 16, and I understand that I am required to sign  
(initial) my child out at the end of every session.

\_\_\_\_\_ My Child is 16 years or older, and I give my child permission to sign  
(initial) themselves out at the end of every session.

\_\_\_\_\_ My Child is 16 years or older, and I will sign my child out at the end of every  
(initial) session.

Please list the person(s) who are authorized to pick up your child. Photo ID will be required at sign out.

Name	Relationship	Phone Number

\_\_\_\_\_ I understand that if someone other than listed above attempts to pick up my  
(initial) child, they will be turned away unless prior notice is given to NSYC. In the event that someone not authorized on this list needs to pick up your child please call 631-744-0207 at your earliest convenience.

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

Date: \_\_\_\_\_



# North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778  
Telephone: 631-744-0207 Fax: 631-744-3565 www.nsync.com

## Big Buddy- Little Buddy Liability Waiver Form

I, \_\_\_\_\_, give my child, \_\_\_\_\_  
(Parent's name) (Child's name)

Permission to participate in all activities offered at Big Buddy-Little Buddy. If attempts to contact me are unsuccessful, I authorize and give my consent for any emergency medical, surgical, or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to ensure my child's health and safety in case of emergency and to administer any needed medications.

In case of accident or injury I will not hold the North Shore Youth Council or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I further acknowledge that North Shore Youth Council is not accountable for any injury/illness that may occur through no fault or negligence of their care, act of God, or communicable disease. I understand that should any injury occur to my child at the program, that I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

**I understand that by signing this document, my child is not guaranteed to be selected for participation in this program. Program selection is based upon enrollment and / or need of the program.**

Initial here: \_\_\_\_\_

### Emergency Contacts:

Name	Relationship	Phone Number

Name of child participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Parent/ Guardian: \_\_\_\_\_

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



# North Shore Youth Council

Post Office Box 1286, Rocky Point, New York 11778  
Telephone: 631-744-0207 Fax: 631-744-3565 www.nsync.com

## Big Buddy-Little Buddy Photo Participation Form

*Dear Parents/ Guardians,*

Occasionally, we like to photograph the children in our Big Buddy-Little Buddy programs doing various activities. Sometimes, these photographs are used on our website, social media, at the school website, or in our offices.

In order to do this, we must obtain written permission from parents/guardians. Please indicate below whether or not you would like your child's photo taken while in our program, and return it to our staff at the start of the program.

Name of child: \_\_\_\_\_

School: \_\_\_\_\_

Print name of Parent/ Guardian: \_\_\_\_\_

\_\_\_\_\_ Yes, I give permission for NSYC to take my child's photograph and use it in the manner listed above.

\_\_\_\_\_ No, I DO NOT give permission for NSYC to take my child's photograph and use it in the manner listed above.

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

Date: \_\_\_\_\_