

Flow Night

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Flow Night is an event designed to provide a safe environment for students and families to experience positive interactive activities. This event will be held on the last Saturday of each month from 6 - 10pm at the Boys & Girls Clubs in Eatonville, FL. This is a supervised environment of social time using Positive Flow Volunteers filled with education and fun. Food will be provided as well as the following activities:

- Games (board/video)
- Basketball
- Movies
- Empowerment Sessions
- Tutoring Sessions
- Mentoring Sessions
- Lots of Fun...

Flow Night is a family affair and parents are encouraged to participate in the activities throughout the evening. For adults and students heading into college, we're planning to provide career training seminars. These seminars will be focused on areas such as but not limited to financial management, resume writing, and interviewing techniques. Seminars will be announced monthly on our website.

The goal for Flow Nights is to educate and empower the participants to do better in school and in life. If you attend Flow Night, your participation in activities is expected.

Below are the guidelines for those attending:

- Open to all students K-12 and their families.
- All students have to register with the Boys & Girls Club.
- All students have to be signed in and out.
- Parents participation strongly encouraged.
- Flow Night progress reports required on request.
- Flow Night Student Registration form must be completed by Parent or Guardian.

For more information about Flow Nights please send email to info@positiveflowfoundation.com or call 407-341-5917.



Flow Night Student Registration Form

Student Information

First Name:	Middle Initial:	Last Name:
Date of birth:	Nick Name:	Phone:
Current address:		
City:	State:	ZIP Code:
Ethnicity: (circle one) African American Asian American Caucasian Haitian Hispanic Native American Multi-Racial Other:		

School Information

School:	Teacher/Counselor:	Grade:
Academic areas of concern (English, Math, etc):		

Contact Information

Name of Primary Contact:	Relationship:	
Address:	Phone:	
City:	State:	ZIP Code:
Father's Name:	Phone:	Email:
Mother's Name:	Phone:	Email:
Guardian's Name:	Phone:	Email:

Medical Information

List Current Allergies and/or Injuries:

Extracurricular Activities Information

List the things you Like to do:

Authorization

I read the completed application for Flow Nights as well as understand the rules of the Boys & Girls Clubs of Central Florida. I verify the information provided on this form is accurate to my knowledge and I authorize that my child be admitted into membership to Flow Nights. I understand that Flow Nights falls under the same rules and guidelines as the Boys & Girls Clubs and that all information provided will be kept confidential.

Signature of Parent:	Date:
Print Name:	Date:

We are a 501(c)(3) organization that believes in educating students in achieving the ability to open his/her own doors for success.



Flow Night Student Registration Form

Parent Release Form for Media Production

I, the undersigned, do hereby grant permission to Positive Flow Foundation to use the image of my child as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Positive Flow Foundation Web site.

- Grant Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by *Positive Flow* for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Members Name: _____ Age: _____

Parent/guardian signature _____ Date _____

Authorization for Release of School Records

In collaboration with the Boys & Girls Clubs, I the undersigned, do hereby grant permission to Positive Flow Foundation to establish communication with my child(ren)'s teachers, principal and guidance counselors for the purpose of obtaining only necessary information to assist in strengthening my child(ren)'s academic experience. Listed below is the information that will be requested:

1. Grade Point Average
2. Class Grades for Math, Reading, English and/or FCAT Scores
3. Number of Level 3 and/or 4 Disciplinary Referrals/Actions
4. Attendance
5. Classroom Conduct

Members Name: _____ Age: _____

Parent/guardian signature _____ Date _____

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