



Welcome to the Meta!

We are so happy you're here!

Pa'lante was founded at Holyoke High School in 2015 by students who believed their community deserved better and were willing to fight for it. Through the vision and hard work of so many youth and community members since then, we are now able to welcome you into this very special space, where we believe youth have inherent wisdom and power, and where we work together to create the community and world we believe in.

Your first stop will probably be the Meta, a drop in space by and for youth. At first, you may come to just hang out, get support and meet new people. Over time, we'll invite you to get involved in our community organizing and leadership development opportunities-- from supporting other young people to speaking out about what's going on in the community.

Most of our staff team are alumni of our program, and ALL of our staff love working with young people and are here to support you in making the most of your experience here.

We can't wait to get to know you, and to work with you to build a better, more just world.

In solidarity and with love,

Alexy Bernard
Drop In Coordinator
Alexy@PalanteHolyoke.org
(413) 200-0624

Alicia Thomas
Co-Executive Director
Alicia@PalanteHolyoke.org

Luke Woodward, LICSW
Co-Executive Director
Luke@PalanteHolyoke.org

Youth Name

Youth Signature

Parent/Guardian Name

Parent/Guardian Signature

Date

Date

Contact Information

Youth Information:

First Name	Middle Name	Last Name
Pronouns	Preferred Name	Cell Phone
Date of Birth	Gender	Level of English <small>(beginning / intermediate / fluent)</small>
/ /		
Name of School	Grade in 2024-25	Level of Spanish <small>(beginning / intermediate / fluent)</small>
Ethnicity	Country of Birth	Number of Years in the U.S.

Parent/Guardian Information:

First Name	Last Name	Relationship to Participant
		<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian
Languages Spoken	Cell Phone Number	
Address		
City, State, Zip		
Email		

IN OFFICE USE ONLY

_____ Verified Parent/Guardian Contact

_____ Staff Initials

_____ Date

Participation & Transportation Permissions

I, _____ give permission for my child, _____
Name of Parent/Guardian Name of Child

to participate in Pa'lante Transformative Justice programs. While we generally do not offer transportation to and from the Meta, occasionally we make an exception. **Please sign below if you consent for Pa'lante Transformative Justice staff to transport your child to and from home/school/program activities both in their personal vehicles and in Pa'lante's transport van.** Special permission will be requested for any field trips outside home, school and our program office.

I understand that Pa'lante Transformative Justice is not responsible for the safety or wellbeing of my child before or after the program's hours of operation, or when the child is not on the site of the program. I understand that if my child leaves the Pa'lante premises, Pa'lante staff are no longer responsible for them.

Release of Liability Waiver

I understand and acknowledge that participation in Pa'lante Transformative Justice includes activities that can result in physical injuries. I authorize the child named above to participate in all Pa'lante Transformative Justice activities, both onsite and off site. On my own behalf and on behalf of the child named above, I expressly and voluntarily assume the risks of these activities and hereby waive and release all claims (whether on behalf of the child named above or for my own benefit) against Pa'lante Transformative Justice (including its staff, employees, and agents) that may arise from injuries as a result of participating in program activities, to the fullest extent allowed under Massachusetts law. If any aspect of this waiver is deemed to be invalid, I acknowledge that the remainder of the agreement will continue to have full force and effect.

Parent/Guardian Name

Parent/Guardian Signature

Date

CONFIDENTIALITY: I understand that Pa'lante Transformative Justice receives funds from various sources and that these funders collect information about participants of their programs from this form to ensure programs are strong and families receive what they need. This information will be protected and kept private unless one of the exceptions outlined below occurs.

I understand that there will be an exchange of information between staff of Pa'lante Transformative Justice that provide services to my family and I also understand that staff of this agency will keep information about my family confidential and will not share this information with other individuals or agencies without my consent.

I understand that there are exceptions to confidentiality rights:

- When there is expressed intent or suspicion of harm to oneself or others.
- When there is reason to suspect child abuse or neglect, elder abuse or neglect, and abuse or neglect of dependent adults.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS: I hereby give my consent to receive services at Pa'lante Transformative Justice. Unless I withdraw my consent earlier, this consent will expire one year from the date of my signature. I have a right to receive a copy of this document. I reserve all rights provided to me by law not waived by the scope of this consent and authorization.

Parent/Guardian Signature

Date



MEDICAL INFORMATION

PERMISSION TO OBTAIN MEDICAL TREATMENT

- ✓ I understand that In a medical emergency, Pa'lante Transformative Justice will call 911.
- ✓ I give permission for my child, _____ (name of child) to receive urgent medical attention if necessary.
- ✓ I give permission to take my child to the following facility for medical attention.

_____ Holyoke Hospital Other: _____

- ✓ I hereby authorize the staff of Pa'lante Transformative Justice to act according to their best judgment in any emergency or other situation requiring medical attention for the child/children named above. I understand that it is my responsibility to provide medical insurance coverage for the child named above while they are attending Pa'lante Transformative Justice and to provide accurate and complete medical information. I acknowledge that the costs of any medical treatment provided to the child named above that are not covered by medical insurance will be my sole responsibility, consistent with the waiver of claims above.

Parent/Guardian Signature _____ Date: _____

Please list any allergies, diet restrictions or medical conditions of the participant:

Do you have medical Insurance? Yes No Insurance Provider: _____

Primary Care Doctor Name: _____

Office Number: _____

Emergency Contacts:

In the event of illness, injury or emergency evacuation, when I cannot be reached by phone, my child may be released to any of the following persons:

Emergency Contact #1

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____



House Agreements

Created in 2023 by Pa'lante Peer Leaders

1. Do your best to ensure the physical and emotional safety of yourself and others.
2. Be accountable for your actions and how they can impact others.
3. Practice consent and building relationships at your own pace.
4. No carrying, using, exchanging or selling of drugs, nicotine, or alcohol at Pa'lante.
We are here to support you if this is a challenge.
5. Be considerate of the space and clean up after yourself.

As a youth, I understand and agree to these norms:

Signature

Date

As a parent/guardian, I understand and agree to these norms:

Signature

Date



PUBLICITY RELEASE

I, _____, hereby release the use of photographic information, approved quote, story or video taken of me or my children (under eighteen years of age) to Pa'lante Transformative Justice for the purposes of publication and promotion including print publication, web publication, and other publicity and promotional materials.

Youth Signature

Date

Parent/Guardian Signature

Date