



ENROLLMENT APPLICATION & RELEASE FORM

Current School:	Grade in August 2018:	DOB:	IDEA/504:
Boy's Full Name (first, middle, last):			
Mailing Address:	City:	State:	Zip Code:
Physical Street Address:	City:	State:	Zip Code:
Parent Name/Guardian/Emergency Contact:	Parent/Guardian Phone: () cell () home	Email:	Relationship:
Secondary Emergency Contact Name:	Secondary Contact Phone: () cell () home	Email:	Relationship:

BOY'S ETHNICITY

<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Caucasian / White	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> Other (identify)

BOY'S FAMILY COMPOSITION

<input type="checkbox"/> 2 Parent Home: Step Parent Y/N	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Single Parent Home: Female	<input type="checkbox"/> Other Family Members (identify)
<input type="checkbox"/> Single Parent Home: Male	<input type="checkbox"/> Foster Care

Does your child qualify for the school lunch program?

<input type="checkbox"/> Qualifies for Free Lunch	<input type="checkbox"/> Qualifies for Reduced Lunch	<input type="checkbox"/> Does Not Qualify
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Hold Harmless Agreement _____ (Initials)

I understand that participation in any activity involves a certain degree or risk. I understand that some of the Boys to Men activities will be deemed to be emotional and physical. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I have given my child permission to participate in those activities. I release the staff, board members and volunteers of Boys to Men, the school, related parties, or other organizations associates with the activity from any and all claims or liability arising out of this participation.

Photo Release Agreement _____ (Initials)

I grant Boys to Men the right to use, reproduce, assign, and/or distribute photographs, comments, videotapes, sound recordings, and other social media methods for use in any materials Boys to Men creates and uses for any appropriate and legal purpose.

Medical Agreement _____ (Initials)

In case of an accident or emergency involving my child, I hereby give Boys to Men authorization to provide basic first aid care and or to call 911 for care and transportation to the nearest medical facility. At the same time, I understand every effort will be made to contact my primary and if unreachable secondary emergency contact as listed on this form. In the event either of these contacts changes it is my responsibility to inform Boys to Men in writing of such changes.

Transportation Agreement _____ (Initials)

I give agents of Boys to Men authorization to transport my child to and from program activities for participation purposes.

Academic Release Agreement _____ (Initials)

I authorize my school to release to Boys to Men Mentoring Network Initiative copies of my child/student's progress reports, report cards, attendance, and discipline record. This will allow my child to receive additional academic support provided by Boys to Men. All information gathered will be kept strictly confidential.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Please return this form to the Portage Township YMCA