



State of Emerge-A-City, NFP

Enrollment Application

YOUTH Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: ____/____/____ Gender Male Female Grade Level: _____

Race/Ethnicity African American Caucasian Native American Hispanic Asian/Pacific Islander
 Bi-Racial Other _____ (information used for statistical purposes only)

Name of School: _____

T-shirt size: **S M L XL XXL**

In the space below please list any special dietary needs, medical problems, allergies, or illnesses your child may have and any directions for the staff.

PARENT/GUADIAN Information

Parent(s)

Name _____ Phone _____ Email _____

Mother Father Guardian Other _____

Name _____ Phone _____ Email _____

Mother Father Guardian Other _____

Emergency Contact Information

Full Name: _____ Relationship _____

Phone: _____

Full Name: _____ Relationship _____

Phone: _____

Please sign for your child to have permission to participate in State of Emerge-A-City, NFP Programs

I give my child permission to participate in The State of Emerge-A-City Programs. In the event that I cannot be reached in an emergency, I give permission for staff/volunteers to take my child to a physician or to be hospitalized, secure proper treatment for and to order injections, anesthesia or surgery for my child. I hereby release and forever discharge the staff, board, and volunteers at State of Emerge-A-City, acting officially or otherwise, from any and all claims, demands, actions, or causes of actions on account of any injury or damage which my child may sustain from any cause as a result of participating in the conference, program, or in the course of transportation.

I attest and verify that my child under my supervision is medically able to participate and assume all risk of participation in this program. Further, I grant permission and a perpetual, assignable royalty free license to any and all of the foregoing to use my or my minor's image in any photographs, video tapes, motion pictures, recordings, or other record of this event for any legitimate purpose. I authorize State of Emerge-A-City to provide transportation for my child as part of the program. I give my permission to share demographic data with a third party funder when necessary.

Signature of Parent/Guardian

Date
