

Participants Information

First _____ Middle _____ Last _____ Gender: Male ___ Female ___

School Name _____ Grade _____ Birth date ____/____/____

Street Address _____

Town/City _____ State _____ Zip code _____ County _____

Race/Ethnicity _____

Parent/Guardian - Contact Information

Parent/Guardian

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street

Address _____ Town/City _____

State _____ Zip Code _____ Home Phone _____ Cell phone _____

E-mail _____ Household Annual Income _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.



Please circle how you heard about the Youth Empowerment Network.

After School Program, Website, School _____ Word of Mouth, Flyers, Other _____

Consent Information

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I also understand that the Central Florida Urban League and its partners will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian

Parent's/Guardian's Initials _____

Photo/ Media Release/Social Media

I hereby give permission for my child to be photographed during the **Youth Empowerment Network**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper, social media and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of Central Florida Urban League and its affiliates.

Parent's/Guardian's Initials _____

The Central Florida Urban League and its co-organizers are not responsible for lost, stolen or damaged personal property during the event. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

