



Boys to Men Mentoring Enrollment Application & Release Form

Boys Full Name (first, middle, last)		Boys Date of Birth:	
Address:		City & State	Zip Code:
Boy's Cell phone	Boy's Email:	Current Grade:	Current School:
Parent Name/Guardian/Emergency Contact:	Parent/Guardian Phone #: [] Home [] Cell		Relationship:
	Parent/Guardian Email:		
Secondary Emergency Contact Name:	Secondary Emergency Contact Phone #: [] Home [] Cell		Relationship:
	Email:		

Boy's Ethnicity

Native American Asian, Filipino, Pacific Islander Black, African American Hispanic White Other

Family Information

Two Parent Household Single Parent Female Single Parent Male Grandparent(s) Foster Parent(s) Other

Does your child qualify for the school lunch program?

Qualifies for Free-Lunch Qualifies for Reduced Lunch Does not Qualify

Hold Harmless Agreement _____(Initials)

I understand that participation in any activity involves a certain degree of 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, related parties, or other organizations associated 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 the 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 SySTEM Phoenix School to release to Boys to Men copies of student's report cards, attendance, discipline records, and allow access to my child's Parent/Student Portal account. 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