**Male Mentoring Program Registration Form – www.malementor.org**

Please note that the information on this form is for the use of the program staff and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, phone number, or any other details to another individual without your permission.

**Details of Young Man**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Grade Level \_\_\_\_\_\_\_\_\_\_

**Emergency Contact Details**In the event of an emergency relating to your son/child please provide information below which we can use to contact you.

Adult Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**
Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

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Please give any details of special dietary needs we should be aware of (e.g. food allergies)

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**Visual/Audio Image Release**

I grant permission to the mentoring staff and its agents, to take and use visual/audio images of me and my child. Visual/audio images are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Neither Program staff nor its agents will materially alter the original images. I agree that the Mentoring program owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as organization-sponsored web sites, publications, promotions, broadcasts, advertisements, posters, and similar materials. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them.

I release the Mentoring program and its staff and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages, or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

**Program Rules**

1. No more than two (2) unexcused absences.
2. Mentees shall not tease, provoke, or bully other mentees or mentors in person or online.
3. Show proper respect to all program staff.
4. Show up to meetings on time.
5. Do not engage in fighting or gang activity.
6. No profanity or vulgar language.
7. Agree not to use illegal drugs according to federal law or consume alcohol.

I agree to my son participating in the mentoring program and the activities run by the team. I understand that every care will be taken to ensure the health, safety and welfare of my child. I realize and accept that in the event of my child’s behavior adversely affecting the safety of the program, staff reserves the right to request that I retrieve my child from the meeting location.

I am at least 18 years of age and competent to sign this agreement on behalf of myself and my minor. I have read this Agreement before signing, I understand its contents, meaning and impact, and I freely accept the terms.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_