



THE MEN & LADIES OF HONOR

Annual Registration Form

(To be Completed by Parent or Guardian)

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone # _____ Shirt Size _____ Guardian _____

Parent/Guardian Work Phone# _____ Cell Phone # _____

Emergency Contact Name _____ Phone # _____

E-mail Address: _____

Student and Family Demographics

NOTE: The following information is collected for organizational metrics and grant funding to offset the program's expenses, making it accessible for more students. The Men & Ladies of Honor/Honor Academy does not discriminate against any student due to race, color, religion, sex, national origin, disability.

Student Race:

- | | |
|--|---|
| <input type="checkbox"/> White | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> Black or African American | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> Asian | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> American Indian/Alaska Native & White | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> Asian & White | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> Black/African American & White | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> Am. Indian/Alaska Native & Black/Afr. Am. | w/ Hispanic Origin <input type="checkbox"/> |
| <input type="checkbox"/> Other Multi-Racial | w/ Hispanic Origin <input type="checkbox"/> |

Family Income:

- under \$30,000 \$30,000-50,000 over \$80,000 Female Head of Household

Family Residence:

- City of Rowlett Resident Rockwall County Dallas County Collin County
 Hunt County Van Zandt County Smith County Tarrant County Other

Medical Information (for Emergencies)

1. List any diseases, physical or mental limitations: _____

2. List any current medication and their purpose: _____

3. Allergies (food, medical, insect, etc.) _____
4. Restricted Activities: _____
5. Family Physician: _____ Physicians Phone# _____
6. Medical Insurance Carrier: _____ Policy# _____
7. Hospital Preference : _____

Release of Liability

I hereby, release Ladies and Men of Honor and all adult supervisory sponsors from all damage, injuries, claims, demands or causes of action I or any family member, my heirs, executors or administrators may have arising out of the course of or transportation to and from events my child chooses to participate in. Additionally, I authorize the adult supervisory sponsors to consent to any emergency medical treatment to be rendered to the minor named above, should that be deemed necessary to administer medication.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL *(To be completed by Parent/Guardian)*

As a way of keeping everyone up-to-date on our activities, also fundraising, recruitment, and general information, Men of Honor and Ladies of Honor will take pictures and/or video that we use on our website, brochures, or other promotional material.

We will never release your child's complete name to the public.

I, _____, (Parent/Guardian) hereby authorize (photographer/videographer), the Men & Ladies of Honor to use, reproduce, and/or publish photographs and/or video that may pertain to my child including their image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors.

This material may also appear on the Corporation's or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation or project sponsor may publish materials, use my child's photograph, and/or make reference to my child in any manner that the Corporation or project sponsor deems appropriate in order to promote/publicize service opportunities.

Parent/Guardian Signature: _____ Date: _____