



PARTICIPANT REGISTRATION FORM

PLEASE CHECK ALL THE PROGRAMS OF INTEREST:

Date

<input type="checkbox"/>	Chess	<input type="checkbox"/>	Books Before Hooks (Tutoring program)
<input type="checkbox"/>	Guitars Not Guns	<input type="checkbox"/>	Art
<input type="checkbox"/>	Food	<input type="checkbox"/>	Beginning Boxing/fitness
<input type="checkbox"/>	Spoken word	<input type="checkbox"/>	Horticulture

Name:			
	(First)	(MI)	(Last)

Age:	Date of Birth: / /	Gender: Male or Female
Grade:	School Name:	City:

Address:	Street:
City:	Zip Code:

Parent(s)/ Guardian Name:	First: Last:	Telephone: Email Address:
Parent(s)/ Guardian Name:	First: Last:	Telephone: Email Address:

Please list any medical problems, including any requiring maintenance medication (i.e. Asthma, Seizures). _____

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

Emergency contact _____ Phone: _____

Other than Parent. Relationship to the Participant? _____

STUDENT ID # _____

This information is required by program funders:

Race/Ethnicity (select one or more)

American Indian/Alaska Indian	Hispanic/Latino	Native Hawaiian /Pacific Islander	Other:
Black/African Amer.	White	Asian	Please Explain:

Religion _____

Two-parent household?	Single-parent Household?	Mo. or Fr.	Household Size?
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Household Annual Income?	\$0-\$16,000 <input type="checkbox"/>	\$16,100-\$25,000 <input type="checkbox"/>	\$25,100-\$40,000 <input type="checkbox"/>	\$41,000-\$60,000 <input type="checkbox"/>	\$60,100-\$75,000 <input type="checkbox"/>	\$75,000 and up <input type="checkbox"/>
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Liability Release and Parental Consent

I hereby waive, release, and discharge all claims for damages for personal injury, property damages or which may hereafter occur to my child(ren) as a result of participation in said program. This release is intended to discharge in advance Project Fighting Chance and organizations officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some physical, academic and recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Initial_____/Date _____

Photo Release

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 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 Project Fighting Chance and its affiliates. I hereby give permission for my child to be photographed during. Initial_____/Date _____

STUDENT ID #_____