

Siypnow Presents Free Empowerment Program

“A team of dreams” “Dont give up you matter”

Student's Full Name _____ *Date of Birth:* _____

Address: _____ *City:* _____ *State:* _____ *Zip:* _____

Phone: _____ *School:* _____ *Grade:* _____ *Ethnicity:* _____

Allergies: _____ *Medications:* _____

Mother's Name: _____ *Phone: #* _____ *Email* _____

Father's Name: _____ *Phone#* _____ *Email:* _____

Where do you see yourself in 5 years?

What would You like to improve in your life?

What is an obstacle you faced and have you overcome it?

In Case of Emergency, Please Contact:

Name: _____ Relationship: _____ Phone Number: _____

Name of Family Hospitalization Plan: _____ Plan Number: _____

Name of Primary Care Physician: _____ Phone Number: _____

PARTICIPANT PERMISSION AND RELEASE FORM

As the custodial parent/legal guardian of
Participant name _____

I understand that Student Name _____

-(insert Participant name, the "Participant") has been _____

accepted to Siypnow Presents Empowerment Program, an affiliate of Siypnow.

From time to time, my child and their mentor(s) or other Siypnow volunteers may meet elsewhere. | fully support their participation in Siypnow and will encourage and assist him/her to arrive at each session

prepared and on time, and to contact the program leaders as instructed if he/she will be late and/or unable to attend.

I also understand that during the time that my child is a Siypnow participant, they will participate in various field trips, activities and events organized and/or sponsored by Siypnow throughout the year, including in the summer. I fully support my child's participation in such endeavors and encourage them to arrive at each field trip, activity or event prepared and on time, and to contact the program leaders as instructed if they will be late and/or unable to attend. I understand that if I do not want my child to participate in a certain field trip, activity or event, I will notify Siypnow in writing prior to such trip, activity or event.

I authorize and permit my child to participate in Monday - Friday sessions, field trips, activities and events offered by Siypnow and understand the value of such sessions, field trips, activities and events offered by Siypnow to my children. Further, I warrant and represent that:

1. My child is in good health and physically fit to participate in Monday - Friday sessions, field trips, activities and events. There are no medical reasons, except as noted on the Medical Emergency Treatment Consent Form attached to this form, that preclude or limit my child's participation in any field trips, activities or events.
2. I know and understand that Siypnow does not have any medical insurance. I understand that it is my responsibility to obtain adequate medical insurance to cover my children.
3. I am aware of the clothing needs for Monday - Friday sessions, field trips, activities and events; and I will ensure that my children are appropriately dressed.
4. I am aware that in any Saturday session, field trip, activity or event there are certain risks. I have explained to my child the appropriate behavior expected for their participation in field trips, activities and events and that my children must obey all rules, regulations and instructions given as applicable for the held trip, activity or event in which they are participating.
5. I understand that my child may be leaving and could be transported by subway, train, bus, ferry, taxi or another form of public or private transportation. I am aware that I will be notified of the dates and times of departure and return. I will arrange for my child to be on time at the place of departure for the activity or event; and I will be there on time when my children return at the end of the held trip, activity or event.
6. I agree and acknowledge that Siypnow and anyone associated with it will not be liable for:

- A. any loss, injury or death related to any session, field trip, activity or event;
- B. any loss, injury or death related to any session, field trip, activity or event except that caused by any member as a result of their gross negligence or intentional tort; or
- C. any loss, injury or death that occurs as a result of another child's action or failure to act during any session, field trip, activity or event.

Further, I agree to hold Siypnow and its staff and volunteers harmless from and agree not to bring any action or lawsuit against Siypnow or its staff or volunteers for any claims whatsoever occasioned in any of these situations for which I have agreed that Siypnow shall not be liable.

I have read this Participant Permission and Release Form. I do not have any questions or objections about the form or any words used in the form.

By signing below, I represent to Minds Matter that all of the information in this letter is true and correct and that I am the above-noted child's legal guardian or that I otherwise have the authority to sign this form on their behalf.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

CONSENT TO USE NAME AND PHOTOGRAPH

By signing below, applicant, parent, or guardian hereby gives permission to the above-named individual to participate in activities with **Siypnow**. Further, in consideration of the privilege to participate, applicant and parent/guardian by signing below hereby gives consent to use at the discretion of the **Siypnow** all media, or photo's taken of the above named applicant in connection with the **Siypnow**, together with such applicant's name.

RELEASE FROM LIABILITY

I, the undersigned, hereby release and all persons associated with this basketball event, Empowerment program in any capacity, from any liability due to injuries, etc... that may incur as a result of my attendance and/or participation at the above specified event. Further, in consideration of the privilege to participate, applicant, parent, or guardian hereby for ourselves, our heirs, executors and administrators release **Siypnow** and it's agents, employee's representative, and assigns from any and all liability, loss, damages, cost, claims, and/or causes of action, including, but not limited to, bodily injury, including transportation to or from activities, that either of us may have arriving out of the above-named applicant in the **Siypnow Empowerment program**. I have read, understand and agree to abide by the rules associated with this event and assume all responsibility and any associated liability for infringement of such rules. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to compete at said **Siypnow Empowerment program**. **If your running late after 6pm there will be a 10 Charge every min your late .**

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____