



High School Student: _____
Name of High School _____
Grade Level _____

UniFIED Efforts Out of School Time Program 443-800-0566 unifiedefforts@comcast.net
REGISTRATION AND WAIVER FORM 2026

CHILD'S NAME: _____ DOB: _____

MALE /FEMALE _____ PARENT/GUARDIAN CELL PHONE _____

HOME ADDRESS: _____ ZIP CODE _____

PARENT 1 NAME: _____

PARENT EMAIL: _____ CELL PHONE _____

PARENT 2 NAME: _____

PARENT EMAIL: _____ CELL PHONE _____

GUARDIAN'S NAME: _____

GUARDIAN EMAIL _____ CELL PHONE _____

CHILD RELEASE AUTHORIZATION:

Persons authorized to pick up child/minor from facility:

NAME: _____ RELATIONSHIP _____ CELL PHONE _____

PERSON(S) UNAUTHORIZED: Persons **NOT** authorized to pick-up child

NAME: _____ RELATIONSHIP _____ PHONE: _____

SPECIAL DIETARY NEEDS _____ **ALLERGIES, IF ANY** _____

UE will provide (free) daily hot breakfast and at noon a hot lunch. Our host site's location: 2520 Francis Street, Baltimore, MD 21217: The direct contact information: 4430800-0566 unifiedefforts@comcast.net

Mailing address: Unified Efforts, Inc. 200 Cross Keys RD #42 Baltimore, MD 21210 443-800-0566

Unified Efforts, Inc. is a nonprofit 501 (c)(3) organization.

WE ARE A NO-COST TO PARENTS/PRIMARY CARE PRIDERS FOR OUR YOUTH SERVICES/CAMPS AND OUT-OF-SCHOOL TIME PROGRAMS AND ACTIVITIES.



UNIFIED EFFORTS, INC.® PARTICIPANT ETHNICITY TRACKING TOOL (OPTIONAL): THIS VOLUNTARY INFORMATION WILL BE USED FOR STATISTICAL PURPOSES FOR UNIFIED EFFORTS, INC.®

BLACK/AFRICAN AMERICAN { } NATIVE AMERICAN INDIAN { } WHITE/CAUCASIAN,
HISPANIC/LATINO { } ASIAN/PACIFIC ISLANDER { } MULTI-RACIAL { }

I, the undersigned parent/primary care provider and/or guardian: Name: _____ Having legal custody/guardianship of the above-said minor/child, give permission for the minor to participate in all 2026 Unified Efforts, Inc.® summer, field trips, and extended programs throughout the year. The minor is physically able and mentally prepared to participate in all activities described in the program announcement. In consideration, of said minor/child, being permitted to enter the site for this 2026 summer program for use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent, guardian), do hereby: 1. Acknowledge that (i) I have read this document, (ii) I have inspected the facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document, 2. Release Unified Efforts, Inc., its directors, officers, employees, instructors, 2026 host site (Gethsemane Baptist Church-2520 Francis Street Balto., MD 21217), UE's personnel, and volunteers (collectively "Releasees") from all liability for any loss or damage to property or injury, whether caused by Releasees or otherwise and while such minor is in or near Unified Efforts, Inc. ® temporary summer program location: 2520 Francis Street Baltimore, Md. 21217, and inclusive of all off-site locations, field trips, traveling to and from, outside and/or within the city limits of Baltimore, Maryland, 3. I agree not to sue Releasees for any loss, damage, injury described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence In, upon or near this location: 2520 Francis Street Baltimore, MD 21217: Whether caused by the negligence of Releasees or otherwise. 4. I assume full responsibility for, and risk of, bodily injury, or property damage due to the negligence of Releasees or otherwise. 5. I do hereby authorize the Unified Efforts, Inc., as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the state of Maryland and/or similar thereof, on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the medical facility and/or hospital. I understand that Unified Efforts, Inc. is not responsible for costs incurred for medical care. 6. I have read and agree to the "free" summer program policy in which no fees or costs are expected. 7. I give Unified Efforts, Inc., ® permission to use any picture or likeness of me, or a picture or likeness of my child/minor, in Unified Efforts, Inc.® general publicity, fundraising, marketing, and campaign materials, including their print publication known as I Belong Magazine.com, Instagram, and UE's website controlled by Unified Efforts, Inc. Including I Belong Magazine.com **Unified Efforts, Inc.® does not utilize the following social media platforms: Facebook, Twitter, Nor permits its volunteers, staff, and/or visitors to post images of its participating students without prior consent of parents/guardians.** I intend this document to be as broad and inclusive as is permitted by the laws of the State of Maryland.

PARENT'S NAME (PRINT) _____

PARENT'S SIGNATURE _____ DATE _____

CHILD'S NAME PRINT _____ GRADE LEVEL _____ AGE _____