Future Gents Registration Form

Program Name: Future Gents Mentorship & Leadership Program
Location: _____
Semester/Year: _____

Participant Information

- **Student Name:** _____

- **Date of Birth:** _____ / _____ / _____

- **Age:** _____

- **Grade:** _____

- **School:** _____

- **Home Address:** _____

- **City:** _____ State: _____ ZIP: _____

- **Student Phone (optional):** _____

- **Student Email (optional):** _____

Parent/Guardian Information

- **Parent/Guardian Name:** _____

- **Relationship to Student:** _____

- **Phone Number:** _____

- **Email Address:** _____

- **Secondary/Emergency Contact Name:** _____

- **Emergency Contact Phone:** _____

Program Selection

(Check all that apply)

- **Future Gents School Club** (Middle/High School)

- **Future Gents Community Club**

- **One-on-One Mentorship**

- **Group Mentoring Sessions**

- **Workshops / Events Only**

Program Fees (12-Week Program)

- **School Club:** $75 for 12 weeks

- **Community Club:** $100 for 12 weeks

- **One-on-One Mentorship:** $150 for 12 weeks

- **Group Mentoring Sessions:** $120 per 12-week cycle

- **Workshops / Events Only:** Fees vary per event

Student Interests

(Optional – helps us pair the student with the right mentor)

- What are your interests or hobbies?

  _____

- What areas would you like to grow in? (Check all that apply)

  - Confidence

  - Leadership

  - Character & Discipline

  - Social Skills

  - Academic Success

  - Life Skills (financial literacy, etiquette, etc.)

  - Career Exploration

  - Respect & Responsibility

Medical / Safety Information

- Does the student have any allergies?

  - No

  - Yes — Please list: _____

- Any medical conditions we should be aware of?

  _____

- Medications (if any): _____

Photo & Video Release

Future Gents may take photos/videos during sessions for program promotion, social media, and reporting purposes.

- I give permission for my child to be included in photos/videos.

    ○ Yes

    ○ No

Parent/Guardian Consent

I, _____ (parent/guardian), give permission for my child to participate in Future Gents Programs. I understand that all program activities will be conducted with safety and professionalism and that I may contact the program at any time with questions or concerns.

Signature: _____

 Date: _____ / _____ / _____

For Program Use Only

- Registration Received On: _____ / _____ / _____

- Assigned Mentor: _____

- Start Date: _____ / _____ / _____

- Notes: _____