



Registration & Commitment Form

Name of Youth _____
School you attend _____ 2017-18 _____ Grade; School you will attend _____ 2018-2019 _____ Grade
Youth Gender: Male/Female (Circle Appropriate)
Youth Email Address: _____
Youth Cell Number: _____

Parent/Emergency Contact Information
Adult Contact Name: _____ Relationship to youth _____
Adult Email Address: _____
Adult Cell Number: _____

Y/N (circle one) – I would like to receive Emails regarding community service hour opportunities

Commitment: With my signature below, I am pledging to participate in **100 Teens Who Care Lakeland** quarterly meetings. I am making a personal commitment to contribute a minimum of \$10 cash, that I have earned, at each of the quarterly meetings. I agree that my donation will be pooled with the other members' donations and presented to the nonprofit organization selected by the group's majority vote.

100 Teens Who Care Member

I would like to nominate the following Lakeland Charity:

Organization Name: _____
Organization Address: _____ Organization Phone: _____

Organization Contact Name: _____

Please note that the information on this form is being collected and used solely for organizers and members of **100 Teens Who Care Lakeland**, to enable communication with members regarding **100 Teens Who Care Lakeland** events. Personal information collected on this form, including email addresses and phone numbers, will not be disclosed to third parties or used for other purposes without your consent.

Completed Forms may be scanned and sent via Email to
100teenslakeland@gmail.com

Participant and Parental/Guardian Consent

I wish to participate in 100 Teens Who Care Lakeland and the activities run by the group. 100 Teens Who Care Lakeland have my permission to:

1. Take Photographic, audio and video images of me/my child and use the images publicly to promote 100 Teens Who Care Lakeland. I understand that the images may be used and distributed in print publications, online publications, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me/my child by reason of such use;
2. Communicate with me/my child through text messages and email general purposes, including for the purposes of providing information about 100 Teens Who Care Lakeland, advertising events, arranging meetings, gauging interest for particular events and replying to messages from me/my child. I understand that most e-mail will also be sent to an adult so that appropriate use of e-mail is maintained and monitored.

To be executed by Youth if youth is 18 years of age or over:

I wish to participate in 100 Teens Who Care Lakeland and the activities run by the group, and consent to above provisions.

Name _____ Signature _____ Date ____/____/____

To be executed by Parent/Guardian if youth is under 18 years of age:

I agree to my son/daughter participating in 100 Teens Who Care Lakeland and the activities run by the group, and consent to the above provisions.

Name _____ Signature _____ Date ____/____/____