

## Our Wilson Mentoring Program Registration

**All sections are required prior to submitting application:**

Member First Name: \_\_\_\_\_

Member Last Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Ethnicity:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Multi-Racial

☐ Native American ☐ Other

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Requires Pickup? ☐ Yes ☐ No

School Information

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

### Medical Information:

Does Child have any health conditions? ☐ Yes ☐ No

If yes, please explain:

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Does Child take any Medications: ☐ Yes ☐ No

If yes, please explain:

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Doctors Name: \_\_\_\_\_

Doctors Phone: \_\_\_\_\_

Do you give Our Wilson Mentoring permission for treatment by Doctor/Hospital:

☐ Yes ☐ No

**GENERAL:**

Do you grant child permission to be used in public relations materials?

☐ Yes ☐ No

I give permission for the member registered to travel within 50 miles of facility.

☐ Yes ☐ No

**PARENT/GUARDIAN INFO:**

Child lives with: ☐ Parent ☐ Grandparent ☐ Relative ☐ Other

**CONTACT INFO:**

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Please list name, and relationship of people allowed to pick up child:

\_\_\_\_\_

\_\_\_\_\_

**Disclaimer:**

- Our Wilson Mentoring is not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold Our Wilson Mentoring responsible for the welfare or whereabouts of the member except during the time frame in which they are in the care of Our Wilson. Each member is required to complete a code of conduct.
- Our Wilson Mentoring allows your member to use game equipment, and other resources at no extra fee. I understand if equipment is broken due to unauthorized play it will be the responsibility of the parent to reimburse Our Wilson.

- In case of emergency medical or first aid care, treatment of illness or accident, I hereby give consent for Our Wilson Mentoring to provide emergency medical care, through a hospital, clinic, and physician or by the certified.
- I hereby give consent to Our Wilson Mentoring to participate in walking trips in the neighborhood, and special excursions to places of interest, with the understanding that such trips are under supervision of authorized personnel of the program. I understand that all possible precautions will be taken to insure the health and safety of your child. In the event there is a field trip off the premises, you will have prior notice and a separate form will be filled out and transportation provided.
- I hereby give consent for my child to use the internet for educational purposes and planned activities in the afterschool program. I understand that precautions are taken to ensure that inappropriate sites are not available to the students, but with daily changes in the internet, it is not possible to block the use of all inappropriate sites. Our Wilson Mentoring will enforce appropriate use of the internet and enforce disciplinary action for intentional inappropriate use.
- Our Wilson Mentoring has my permission to use my child's likeness and/or work completed through the program in photographs, film and video for publicity purposed, advertising or for display. This includes publication in local and state media and on approved program websites.

Please Sign and Date:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_