

National Society of Black Engineers Jr.

Chapter: Creative and Striving Hard (C.A.S.H.)

C.A.S.H. NSBE Jr. Membership Application (Dues \$15 for the year)
(Data Sheet)

(PLEASE PRINT)

Name _____
First Middle Last

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____
*****Please provide a unique email address for each applicant.**

Date of Birth _____ School _____

Current Grade _____ G.P.A. _____

Favorite Subjects _____

Parent(s)/Guardian(s) _____

Emergency Contact Person _____ Phone _____

Community Service Activities _____

Extra-Curricular Activities _____

Talents/Skills/Hobbies _____

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DEMOGRAPHIC INFORMATION
(Required by NSBE for each applicant)

Primary Racial/Ethnic Identity – Please check one of the following:

- Black or African
- White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

Gender Identity – Please check one of the following:

- Male
- Female
- Prefer not to identify

Residency Status – Please check one of the following:

- U. S. Citizen
- Permanent Resident
- Non-U. S. Resident

Anticipated Major _____

Did you complete an Algebra class prior to high school? Please check one of the following:

- Yes
- No
- Not in high school

Are you interested in being mentored? Please check one of the following?

- Yes
- No

My tee shirt size is _____

PARENTAL CONSENT FORM

I hereby give _____ permission to become a member of the National Society of Black Engineers Jr. Chapter (NSBE) Creative and Striving Hard (C.A.S.H.) Program sponsored by LEAP Forward, Inc. and NSBE for the 2022-2023 year.

In giving my permission to participate, I understand that he/she will take part in scheduled meetings, workshops, cultural, educational, and recreational programs including aerobic activities. I agree to provide transportation for my child to all scheduled meetings and activities. If necessary, I agree to allow the above named child to be transported with and by any members of LEAP Forward, Inc. and NSBE. I understand and agree that by signing this consent form, neither I nor my agent(s) will hold LEAP Forward, Inc. or NSBE and those acting on its behalf, liable in the event of harm, injury, or death of the participating child whose name appears above.

Parent/Guardian Signature Date

PLEASE PRINT

Parent/Guardian

Name _____

Address _____

City _____ State _____ Zip Code _____

2022-2023 Photo Release Photography Release Form

Please note your choice regarding being photographed. Please note that granting permission allows us to obtain funding for additional programs that will benefit the student.

Check the box below:

I hereby grant to LEAP Forward, Inc. and the National Society of Black Engineers (NSBE) Jr. Chapter C.A.S.H. the irrevocable and unrestricted right to use and publish photographs and video of me, or in which I may be included, for publications, electronic reproductions (web sites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer and LEAP Forward, Inc. and NSBE Jr. from all claims and liability relating to said photographs.

NO STUDENT WILL BE IDENTIFIED BY NAME!!!

Student Printed Name _____ Date _____

Parent Signature _____

Liability Release Form (Release of All Claims)

FUTURE TRIPS 2022-2023

For Participation in the LEAP Forward, Inc./National Society of Black Engineers Jr. Pre-College Initiative Conference/Creative and Striving Hard (C.A.S.H.) trip to the _____ I do hereby release, forever discharge and agree to hold harmless LEAP Forward, Inc., Rhonda Thomas or its Board Members and Volunteers, and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said Corporation, its Board of Directors, Volunteers, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Signed this _____ day of _____, 2022.

The undersigned further consents for the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatments as heretofore described, the undersigned agrees to hold harmless and indemnify said Corporation, its Board of Directors, Volunteers, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Student Name (Printed) _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Parent(s)/Legal Guardian(s) Signature _____

Participant's Insurance Company and Policy Number _____

Home Telephone Number _____

Cell Phone Number (if applicable) _____

Activity/Trip Coordinator/Chairperson: Rhonda Thomas, President, LEAP Forward, Inc. (301) 337-9660 and Tonya Wilkerson, NSBE Jr Advisor (301) 580-4118 . Email form to cash_nsbejr@yahoo.com or bring to the meeting.

Any Additional Information or Special Instructions: (Write Below): Allergies, etc.
