

# **LEADERSHIP EXCELLENCE**

## **Summer 2009 Youth Registration Form**

Student's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Middle) \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 2009-2010 grade level: \_\_\_\_\_

### **FAMILY INFO**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does your child live with (circle) one / both parents? Does your child have siblings? Yes No Name(s): \_\_\_\_\_

### **EMERGENCY INFO**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Hospital/Medical Group: \_\_\_\_\_

Phone: \_\_\_\_\_ Child's Medical Number: \_\_\_\_\_

Is your child on any medications? Please explain: \_\_\_\_\_

Does your child have present or reoccurring health issues, special dietary needs or allergies? Please explain: \_\_\_\_\_

In case of emergency, and parent/guardian and doctor cannot be reached, what action do wish to be taken? \_\_\_\_\_

### **DISCIPLINARY INFO**

What should we be aware of in terms of your child's behavior at Leadership Excellence's Programs? \_\_\_\_\_

How would you prefer other people discipline your child? \_\_\_\_\_

Your son/daughter needs support with:

- |   |   |   |                                   |
|---|---|---|-----------------------------------|
| <input type="checkbox"/> School Attendance                          | <input type="checkbox"/> Emotional Wellness   | <input type="checkbox"/> Relationships    | <input type="checkbox"/> Grades   |
| <input type="checkbox"/> Self-Esteem                                | <input type="checkbox"/> College Preparation  | <input type="checkbox"/> Nutrition        | <input type="checkbox"/> Attitude |
| <input type="checkbox"/> Self Discipline                            | <input type="checkbox"/> Goal Setting         | <input type="checkbox"/> Health & Hygiene | <input type="checkbox"/> Respect  |
| <input type="checkbox"/> Study Skills                               | <input type="checkbox"/> Personal Development | <input type="checkbox"/> Open Mindedness  | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Cross-Cultural Communication/Understanding |   |   |                                   |

### **CONSENT**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, give permission for my son/daughter to participate in Leadership Excellence (LE) activities. I give permission for media release with the understanding that any photos, articles, student work, video footage, etc from my son/daughter may be used for promotional materials. I understand that if my son/daughter refuses to participate respectfully, it could result in disciplinary action including, but not limited to, physical challenges and/or their removal from the LE program. I understand that LE staff and volunteers will take the utmost care of my child, and in the unforeseen event of lost or damaged property, or unavoidable injury to my child, I will not hold LE or its staff/volunteers liable. I understand the goals of Leadership Excellence and gladly support my child, and the LE facilitators, in achieving these goals. Forward!

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date