



Registration Form

For office use only:
 Paid Registration FEE \$_____
 Paid Program FEE \$_____
 Paid CS FEE\$_____

Youth Information

First Name _____ Last Name _____

Address _____ Apt# _____ City _____

Zip _____ Township Lyons Proviso Other _____

Cell # _____ Text Yes No Home Phone # _____

Email _____

Name of School _____ Grade _____

Date of Birth ____/____/____ Gender Male Female T-Shirt Size S M L XL XXL

The following is used for statistical purposes only.

Race/Ethnicity

African American Caucasian Native American Hispanic Asian/Pacific Islander Bi-Racial Other _____

Household income *(the United Way requests that we collect Household Income information for statistical purposes only)*

Less than \$7,500 \$7,500-\$14,999 \$15,000-\$24,999 \$25,000-\$34,999
 \$35,000-\$49,999 \$50,000-\$74,999 greater than \$75,000

Parent/Guardian Information

Name _____ Phone _____ Email _____ Mother Father

Guardian Other

Name _____ Phone _____ Email _____ Mother Father

Guardian Other _____

Emergency Contact Information check only if the same as above

Name _____ Phone _____ Relationship _____

Please sign in order for your child to have permission to participate in The LeaderShop Programs

I give my child permission to participate in The LeaderShop Programs. In the event that I cannot be reached in an emergency, I give permission for staff/volunteers to take my child to a physician or to be hospitalized, secure proper treatment for and to order injections, anesthesia or surgery for my child. I hereby release and forever discharge the staff, board, and volunteers at The LeaderShop, acting officially or otherwise, from any and all claims, demands, actions, or causes of actions on account of any injury or damage which my child may sustain from any cause as a result of participating in the conference, program, or in the course of transportation.

I attest and verify that my child under my supervision is medically able to participate and assume all risk of participation in this program. Further, I grant permission and a perpetual, assignable royalty free license to any and all of the foregoing to use my or my minor's image in any photographs, video tapes, motion pictures, recordings, or other record of this event for any legitimate purpose.

I authorize The LeaderShop to provide transportation for my child as part of the program. I give my permission to share demographic data with a third party funder when necessary.

In the space below please list any special dietary needs, medical problems, allergies, or illnesses your child may have and any directions for the staff.

Signature of Parent/Guardian

Date