



Boys to Men Academy Application

STUDENT INFORMATION

First _____ Middle _____ Last _____
Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____/____/____ Age ____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____

PARENT/GUARDIAN - CONTACT INFORMATION

Parent/Guardian #1

Ms. Mrs. Mr. First _____ Last _____
Street _____ Address _____
Town/City _____
State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

Ms. Mrs. Mr. First _____ Last _____
Street Address _____
Town/City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____
Occupation _____ Employer _____

Child resides with: _____

Adult Shirt Size: S M L XL 2XL

Men's Pants:

Waist: __XS/28 __S/30 __M/32 __L/34 __XL/36 __XXL/46 **Length:** __X Short/27 __Short/29

__Regular/31 __Long/33 __X Long/35

EMERGENCY CONTACT INFORMATION – ALTERNATE PICKUP/RELEASE

Emergency Contacts will be used in the event that you are unable to be reached. By listing an emergency contact, you give Ebenezer UCC Boys to Men Academy permission to contact and share information about your student, as well as release your student to said emergency contact, including in the case of a medical emergency.

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Email _____ Relation to child _____

Pick Up List

Please list those people including in addition to parents/guardians who are permitted to pick up your child: *List the first and last name of any person who has permission to pick your student up from Ebenezer UCC Boys to Men Academy (excluding parents/guardians/emergency contacts). Those not listed, will not be allowed to pick the student up.*

1: _____ 2: _____
3: _____

MEDICAL INFORMATION

Insurance Information

Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical issues, including any requiring maintenance medication (i.e. Diabetes, Asthma, Seizures, ADD/ADHD, Depression/Anxiety).

Medical Issues Required treatment Should paramedic be called?

_____ Yes No
_____ Yes No
_____ Yes No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes__ No__

If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__

If yes, explain: _____

Does your child require a special diet?

Yes__ No__

If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

Name Phone # Relationship to Child

Contact #1

Contact #2

Contact #3

By participating in the Ebenezer UCC Boys to Men Academy, I acknowledge and understand the following:

1. I will be promptly notified in the event of a medical emergency involving my child.
2. If I cannot be reached immediately, I authorize the program staff to seek medical attention for my child without delay.
3. I consent to the program staff contacting a doctor and arranging for necessary medical services, including but not limited to emergency medical treatment, hospitalization, and any other procedures deemed essential by medical professionals, should my child be injured or become ill.
4. I understand that the Ebenezer UCC Boys to Men Academy will not be responsible for any medical expenses incurred. These expenses will be my responsibility as the parent/guardian.
5. This authorization is given to ensure the prompt and effective care of my child in unforeseen circumstances and is made in the best interest of my child's health and safety.

Please indicate your agreement or disagreement with this statement:

- I agree to the terms and authorize emergency medical care for my child as described above.
- I do not agree to the terms and do not authorize emergency medical care for my child as described above.

Parent's/Guardian's Signature

Please indicate how you heard about the Ebenezer UCC Youth Empowerment Academy.

School___ Word of Mouth___ Flyer___ Other___

TERMS OF AGREEMENT

Photo, Video, and Internet Broadcasting Release Statement

I hereby give permission for my child to be photographed and recorded on video during the Ebenezer UCC Boys to Men Academy. I understand that these photos and videos may be used to document activities, share in PowerPoint presentations, and/or report to our donors. They may also be used for promotional purposes, including flyers, brochures, newspapers, and on the internet.

I understand that although my child's photograph or video may be used for advertising, their identity will not be disclosed. I do not expect compensation, and I acknowledge that all photos and videos are the property of the Ebenezer UCC Boys to Men Academy.

Please indicate your agreement or disagreement with this statement:

I agree to the terms and give permission for my child to be photographed and recorded on video as described above. I do not agree to the terms and do not give permission for my child to be photographed and recorded on video as described above.

Parent's/Guardian's Signature

Transportation Release

I hereby give permission for the transportation of my child for official Ebenezer UCC Boys to Men Academy activities by modes of transportation authorized by the program organizers.

I understand and agree to the following:

1. Transportation may include, but is not limited to, buses, vans, cars, or other vehicles arranged by the program organizers.
2. All drivers will be properly licensed and insured as required by state law.
3. Reasonable measures will be taken to ensure the safety and well-being of my child during transportation.
4. I release and hold harmless the Ebenezer UCC Boys to Men Academy, its staff, volunteers, and associated personnel from any liability or claims arising from or related to the transportation of my child.
5. I understand that in the event of an emergency during transportation, program organizers will take all necessary actions to ensure my child's safety and I will be notified as soon as possible.

Please indicate your agreement or disagreement with this statement:

I agree to the terms and give permission for the transportation of my child as described above. I do not agree to the terms and do not give permission for the transportation of my child as described above.

Parent's/Guardian's Signature

Additional Releases

By participating in the Ebenezer UCC Boys to Men Academy, I acknowledge and agree to the following terms and conditions:

1. **Personal Property:** The Ebenezer UCC Boys to Men Academy is not responsible for any lost, stolen, or damaged personal property.
2. **Event Scheduling:** All scheduled events and activities are subject to change without prior notice.
3. **Publicity Release:** Children's photos, videos, and quotes may be used for promotional purposes, including but not limited to, flyers, brochures, newspapers, social media, and the internet. The identity of the children will not be disclosed in any promotional material.
4. **Emergency Medical Treatment:** In the event of a medical emergency, if I cannot be reached and a family physician is unavailable, I hereby authorize my child to be treated by certified emergency personnel, which may include EMTs, first responders, and/or physicians.
5. **Liability Release:** I release and hold harmless the Ebenezer UCC Boys to Men Academy, its staff, volunteers, and associated personnel from any liability or claims arising from or related to my child's participation in the academy's activities and events.

Please indicate your agreement or disagreement with these terms:

I agree to the terms and conditions as described above.

I do not agree to the terms and conditions as described above.

Parent's/Guardian's Signature

FERPA Release

A FERPA (Family Educational Rights and Privacy Act) release is used to gather consent from parents to release their child's education records if they are younger than 18 years old.

By typing your name below, you grant Ebenezer UCC Boys to Men Academy access to your child's education records, including but not limited to attendance reports, discipline reports, and progress reports/report cards.

Parent's/Guardian's Signature

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COVID-19 Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Ebenezer UCC Boys to Men Academy has put in place preventative measures to reduce the spread of COVID-19; however, Ebenezer UCC Boys to Men Academy cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Ebenezer UCC Boys to Men Academy could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I/my child(ren) and I may be exposed to or infected by COVID-19 by attending Ebenezer UCC Boys to Men Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Ebenezer UCC Boys to Men Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Ebenezer UCC Boys to Men Academy employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)'s attendance at Ebenezer UCC Boys to Men Academy or participation in Ebenezer UCC Boys to Men Academy classes. On my behalf of myself and/or on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Ebenezer UCC Boys to Men Academy, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Ebenezer UCC Boys to Men Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Ebenezer UCC Boys to Men Academy program, class or event.

Parent's/Guardian's Signature

Parent/Guardian Signature: _____ Date:

_____ Printed Name of Parent/Guardian:

