

Josh Gibson Foundation
Boys2Men Mentoring Program
Pittsburgh Langley

Registration Form
2019 - 2020

Student Information:

Last Name _____ First Name _____

S.S.# _____ Date of Birth _____ Age _____

Grade _____ Gender M ___ F ___ Student ID # _____

Student's Medical Provider _____ Student's Card # _____

Parent Information:

Mother's Name _____

Home Address _____

Zip Code _____

Phone # _____ Cell # _____

E-Mail Address _____

Father's Name _____

Phone # _____ Cell # _____

Emergency Contact Information:

1st Emergency Contact (Name) _____

Relationship _____ Phone# _____

2nd Emergency Contact (Name) _____

Relationship _____ Phone # _____

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Health Information:

What health conditions does your child have? _____

List any allergies your child has. _____

List any other conditions your child has. _____

List any medication your child is taking. _____

Copy of Medical Card:

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Photograph/Video Release Form

The Josh Gibson Foundation Boys2men Mentoring Program, its employees, agents, servants, and representatives may use the student's name, photographic likeness, alone or in a group, in any Josh Gibson Foundation Boys2men publication, document, television production, video or to release said name or likeness to any media outlets including but not limited to: newspapers, magazines, or television stations for publicity and/or recognition purposes. We will only use your child's likeness in an effort to enhance the Josh Gibson Foundation Boys2Men mentoring program and the community, itself.

Additionally, I extend permission to use this student's name and/or photographic likeness, alone or in a group, on the official website of the Josh Gibson Foundation Boys2men Mentoring Program or a website available through the official website, not excluding the Josh Gibson Foundation Boys2men Mentoring Program official Facebook page. The official website is owned and maintained by Josh Gibson Foundation as a service to the parents, students and community and can be accessed and viewed at: www.joshgibson.org

This permission shall remain in effect unless revoked by me and communicated to the Josh Gibson Foundation in Boys2men Mentoring Program writing.

Parent/Guardian Name (print)

Child's Name (print)

I, parent/guardian, **GIVE my consent to the above mentioned section.**

Parent Signature

Date

I, parent/guardian, **DO NOT** give my consent to the above mentioned section.

Parent and Student Agreements:

Technology Security

As a user of the Josh Gibson Foundation computer, network, and internet access services, I hereby agree to comply with acceptable use, security, and password policies.

➤ ***Student Signature***_____

PARENT/LEGAL GUARDIAN

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As parent/legal guardian of the participant signing above, I give permission for my child to participate in all programming provided through the Josh Gibson Foundation Boys2Men Mentoring Program inclusive of, but not limited to networked computer services such as Internet, World Wide Web, and electronic mail.

I understand that I may be held responsible for violations by my child. I understand that some materials on the internet and World Wide Web may be objectionable, therefore I agree to accept responsibility for guiding my child and conveying to her/him appropriate standards for selecting, exploring, and/ or sharing information and media.

➤ **Parent Signature** _____

We (I) hereby release The Josh Gibson Foundation, its' directors, officers, and volunteers from any and all claims due to any injuries, harm, damages or loss from any source, whether related or unrelated to Josh Gibson Foundation, to my person and/or property foreseen, or unforeseen, patent or latent that could arise as a result of participation in the Josh Gibson Foundation Boys2Men Mentoring Program. I have read this release and it is freely and voluntarily executed by me. I do not rely on any inducements, promises, or representations made by Josh Gibson Foundation or its agents or representatives.

My Child, _____ is covered by a personal insurance policy, or is included in my program. I hereby authorize routine medical care for my child and I authorize treatment not considered routine to be referred to local physicians at my expense.

➤ **Parent/Guardian Name (Print)** _____

➤ **Signature** _____ **Date** _____

We (I) furthermore give Josh Gibson Foundation permission to take my child on any field trips or activities sponsored by this program, and agree to abide by all the necessary rules set forth.

➤ **Parent/ Guardian Signature** _____ **Date** _____

For further information, please contact Josh Gibson Foundation at (412) 589-1906 or email jgfoundation20@gmail.com www.joshgibson.org