



# Greater Hartford Male Youth Leadership Program

KAPPA EDUCATIONAL PROGRAM, INC.

## 2009 – 2010 Registration Form (New Students)

(New students consist of young men who are new to the program who have not participated in any of the modules and/or conference.)

|                                       |   |
|---------------------------------------|---|
| Today's Date _____                    | <input type="checkbox"/> Student(s) registered by Organization: <i>Contact Person</i> _____ |
| Emailed Form <input type="checkbox"/> | <i>Group Name</i> _____   |
| Faxed Form <input type="checkbox"/>   | <input type="checkbox"/> Student(s) registered by Parent(s) or Guardian(s) _____            |

### Student Information (please print)

|                |                |   |
|----------------|----------------|---|
| Last Name      | First Name     | Grade (2009-2010)<br><input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> |
| Home Address   | City/State/Zip |   |
| Phone Number   | Date of Birth  | Age   |
| Name of School | City           |   |

### Family Information (Please print and check the box next to the name(s) of the person(s) to whom official GHMYLP correspondence should be sent.)

|  |  |                   |                     |
|--|--|-------------------|---------------------|
| <input type="checkbox"/> Mother's name (or guardian) | <input type="checkbox"/> Father's name (or guardian) |                   |                     |
| Home Address <input type="checkbox"/> same as above  | Home Address <input type="checkbox"/> same as above  |                   |                     |
| Organization/Employer Name                           | Organization/Employer Name                           |                   |                     |
| City/State/Zip                                       | City/State/Zip                                       |                   |                     |
| Business Address                                     | Business Address                                     |                   |                     |
| City/State/Zip                                       | City/State/Zip                                       |                   |                     |
| Primary Contact #                                    | Secondary Contact #                                  | Primary Contact # | Secondary Contact # |
| E-mail   |  | E-mail            |                     |

Please sign and date this application, as indication that all the information contained herein is factually correct and honestly presented by me, the student.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Mother's or Guardian's Signature

\_\_\_\_\_  
Father's or Guardian's Signature

*Mailing Address:* GHMYLP \* c/o Kappa Educational Program, Inc. \* P.O. Box 218 \* Hartford, CT 06145-2181  
*Office:* Urban League of Greater Hartford, 4<sup>th</sup> Floor \* 140 Woodland Street \* Hartford, CT 06105  
*Office:* 860-547-0147 X 264 \* *Fax:* 860-244-0794 \* *Email:* [info@GHMYLP.org](mailto:info@GHMYLP.org) \* *Website:* [www.GHMYLP.org](http://www.GHMYLP.org)



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## Participant Medical Release Form

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Number \_\_\_\_\_

Is participant currently taking any medications?  YES  NO If so, please list medications and explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the participant have any allergies or pre-existing medical conditions of which the GHMYLP Representatives should be aware? Please explain in detail any situation your son(s)/student(s) should be aware regarding his condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the participant currently have medical insurance?  YES  NO

Name of Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

In the event of a medical emergency, I authorized GHMYLP, c/o Kappa Educational Program, Inc. to advocate on behalf of my son. The GHMYLP c/o Kappa Educational Program, Inc. are not responsible for any medical expenses incurred.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Authorization Consent Form

The Greater Hartford Male Youth Leadership Program is from September through June and consists of three (3) **free** quarterly modules and an overnight weekend conference. Modules and/or our conference may include field trips. We hope your son(s)/student(s) will be able to participate in all of the modules and conference. We will be sending out notices before each event. This registration process is for the entire 2009-2010 program. The conference includes a registration commitment fee and a one-page RSVP form. This form will be sent out June 2010.

**The 2009–2010 GHMYLP consists of the following:**

- **October 3, 2009** – *Module I – “Leadership in Public Service”, City Hall, Hartford, CT*
- **January 9, 2010** – *Module II – “Leadership in Creative Arts”, Young Studios, Hartford, CT*
- **April 10, 2010** – *Module III – “Leadership in the Sciences”, Connecticut Science Center, Hartford, CT*
- **June 26 - 27, 2010** – *Weekend Overnight Conference at Central Connecticut State University, New Britain, CT*

As a condition of his acceptance into the GHMYLP, I hereby certify that:

1. I am the parent/guardian of the youth applicant named below.
2. I understand that the program will involve workshops, recreational activities and possible field trips to assist in the learning process: I fully understand and accept the risk involved in the activities scheduled for the GHMYLP.
3. I understand the Public Affairs personnel and other media representatives (radio, television, etc.) may be present during GHMYLP sponsored activities. I hereby give permission to the GHMYLP to copyright, use, release and publish any sound recordings and/or picture video image of my child taken during these GHMYLP sponsored activities for any lawful purpose. If no, please send written statement.
4. I hold harmless and indemnify the GHMYLP and all of its sponsors from all injuries and illnesses, which may result from my child’s participation in the GHMYLP regardless of the cause.
5. Our quarterly modules are a commitment for a full day and our leadership conference is a commitment for a full weekend. Due to the program's goals and content, early release / partial participation of a module or during the conference are discouraged, unless dismissal is due to an emergency.
6. If for some reason your son/student needs to leave a module or the conference before completion, he would not be able to return for that particular event. You as the parent/guardian will be able to pick-up your son/student and agree to sign our release form before leaving.
7. No fees will be refunded if participant leaves before completion of events or conference.

I have read and understand the authorization consent form; I agree to all terms and conditions contained herein. My child, listed below, has my permission to fully participate in all GHMYLP workshops, recreational activities and field trips, unless otherwise noted.

\_\_\_\_\_  
Youth Applicant Name

\_\_\_\_\_  
Signature of Parent(s) or Guardian

\_\_\_\_\_  
Date

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