



Greater Hartford Male Youth Leadership Program

KAPPA EDUCATIONAL PROGRAM, INC.

2009-2010 Registration Form (Returning Students)

Returning students consist of participation in the Sep 2007- Jun 2009 GHMYLP, attending any of the modules and/or conference.

**IF ALL INFORMATION IS THE SAME FROM YOUR INITIAL REGISTRATION FORM, '07-'08 AND '08-'09 PROGRAMS (EXCLUDING GRADE), PLEASE COMPLETE THE FOLLOWING 2-PAGE FORM.
IF THERE ARE ANY CHANGES (CONTACT, MEDICAL INFO, ETC., PLEASE COMPLETE OUR 2009-2010 REGISTRATION FORM-3 PAGES).**

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

Last Name		First Name		Grade (2009-2010) <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th	
Home Address			City/State/Zip		
Phone Number		Date of Birth		Age	
Name of School				City	
<input type="checkbox"/> Mother and/or Father (or Guardian)			E-mail		

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*

Please read the **Authorization Consent Form** and sign on the following page to complete the 2009 - 2010 GHMYLP Registration Form for returning students.

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



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Authorization Consent Form

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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